

enough to consider operation for gastro-intestinal anastomosis after properly directed treatment has proved ineffectual. To return then to the limited theme which is proposed for consideration, what are the difficulties of diagnosis in conditions suggesting the presence of malignant disease of the pylorus, biliary tract, or liver? Repeatedly, cases have been brought me with a diagnosis of carcinoma of the stomach, abandoned as hopeless, upon which I have operated with complete recovery.

An interesting case was one upon which I operated in 1893. The patient had suffered from indigestion and from epigastric pain for a number of years. The case was abandoned as one of carcinoma and was brought to me only for the satisfaction of the family. A positive diagnosis was impossible, but it seemed to me desirable that an exploration should be made. Upon opening the abdomen I found a gall bladder distended and from it removed a large number of small and three very large calculi. I saw the patient recently and since the time of the operation she has enjoyed good health aside from the fact that she still has some digestive disturbance. One of the most interesting cases in this connection which I have met was that of a woman upon whom I operated in 1900 for carcinoma mammæ. I was called to see her again in May of this year. At that time she was complaining of pain in the abdomen, there was slight jaundice and although the conditions were such as to render a diagnosis uncertain, I suggested the propriety of an exploration, since I was suspicious that a gall stone might be present. The factor of uncertainty in this case was that having been operated upon for an unquestioned carcinoma mammæ one would have naturally suspected the presence of a secondary malignant growth of the liver. The patient did not accept my advice and died about two months later.

At the *post mortem* examination it was found that the patient had a large gall stone which by pressure had ulcerated through the gall bladder and had thus caused death. There are other cases in my experience in which diagnosis has often proven more difficult than in the one just mentioned.

A patient was brought to me having a mass in the epigastrium, markedly jaundiced, and presenting conditions which pointed strongly toward carcinoma. There were certain features in the case, however, which led me to think an exploratory incision wise. This was made and, upon opening the abdomen, a large mass was encountered and the adhesions were so dense that it was impossible to separate them. The patient's condition was extremely feeble, so that I felt any more extended examination of the mass than that which was made would in itself be more than the patient could endure. The operation was,