time retain characters incident only to the very early conditions of growth, for it might well be argued that on the same basis such growths in the stomach might remain still smaller, even invisible to the unaided eye, while the secondary foci grow to enormous extent. Considering, on the other hand, that the disease originated in the liver, we have in favour of the view the evident duration of the growth as seen from its size and minute characters.

From the enormous variations in type of cancer cells it is not always possible to differentiate the original seat by microscopic examination, and our present case would come under such a category.

There are three chief modes whereby secondary cancers of the stomach may arise, firstly, by direct extension from neighbouring organs, such as the pancreas, liver, glands and œsophagus, or by the newly formed lymphatics in adhesions between these organs; secondly, by implantation from the œsophagus, such as might occur from an ulcerating carcinoma of the tongue. In these cases, which are rare, the cancer cells drop down, or are carried down into the stomach, and becoming fixed in their new situation they proliferate and form secondary tumours. It is in the same way, too, that secondary peritoneal cancers are so frequently formed in Douglas' pouch by the gravitation of the malignant cells from the serous coats of the stomach or the liver. Thirdly, secondary cancers of the stomach may form by hæmatogenous metastases; these last are extremely rare and have been put on record by Grawitz. In such cases the tumours are well circumscribed, circular and regular in outline.

In addition should be mentioned the possibility of cancer cells travelling against the stream of the circulation, thus moving along the portal vein and mesenteric vessels and lymphaties, and thus setting up a secondary growth in the stomach, just as occurs in involvement of the left supra clavicular glands when cancer cells travel along the course of the thoracic duct.