condition. He has gained 20 lbs., has a splendid appetite, and in fact can eat anything, and there has been no regurgitation of food into the stomach. His general appearance is good, being very much better than when he left the hospital. He goes about and enjoys life.

I wish to speak briefly on the following points in connection with this case :—

1. The value of early exploratory laparotomy ;
2. The choice of operations ;
3. Sutures.

On reading over the subject of cancer of the stomach and comparing the well-marked picture given us, with the meagre clinical symptoms we so often find, one cannot help feeling the utter impossibility of at present diagnosing this disease, not only at an early stage but even at a late stage in many cases.

In this patient, during his first month in hospital no definite diagnosis could be made although he had been complaining 5 months ; and it was only two days before the operation that he had his first hæmatemesis, and even then the question of a tumor was fairly indefinite, although a large one was discovered at the operation, but it was so firmly fixed and overlapped by the liver that it could not be palpated positively. The question of early diagnosis of this disease is of great importance ; and, as our present methods of diagnosis are so uncertain, exploratory laparotomy will in future have to be done much more frequently, as by this means you not only settle the question of diagnosis, but may discover the cancer before its extensive growth and lymphatic infection preclude the possibility of complete removal.

One of the troubles most frequently confounded with cancer, "gastric ulcer," is fast becoming a surgical disease, thus making exploratory laparotomy all the more necessary.

A. E. Maylard, in his work on the surgery of the Alimentary Canal, says : "It is not, I think, too venturesome to predict that the day is not far distant when the stomach will be explored and resutured simply for diagnostic purposes." Again he says : "My sole contention is that we should not go on indefinitely striving to cure by simple remedial measures diseases of the stomach, as to the true nature of which we are in doubt, but should submit the patient to an exploratory operation."

With regard to the operation in pyloric cancer Loreta's Method and pyloroplasty should, I think, have no place, as both are performed on the pylorus, simply seeking to enlarge the stricture without any attempt at the removal of the malignant growth, consequently they are very temporary in their results, and the mortality is almost as great.