

ing no sign of protuberance or adhesion. No nodules existed in the immediate vicinity in the wall, but 10 cm. from it were five or six firm, slightly elevated masses, apparently submucous, the largest measuring  $1\frac{1}{2}$  cm. in diameter.

The remaining portion of the alimentary tract was free from disease.

*Thoracic cavity*—In the lungs, beyond bilateral pleural adhesions, some slight hydrothorax and hypostatic pneumonia, there was but little worthy of note.

The heart showed milk spots upon its surface; its muscle was brownish in colour, the papillary muscles somewhat hypertrophied and fibroid. The coronary vessels atheromatous, as was also the first part of the aorta.

The organs of the neck presented merely the usual pathological conditions coincident with old age.

*The brain*—Dura adherent and somewhat thickened, the convolutions small; the basal vessels markedly atheromatous.

*Microscopic examination* of various portions of the liver neoplasms confirmed the macroscopic diagnosis. The epithelial cells were very large, of irregular shape and polygonal in outline. In some of the small secondary nodules the cells were seen in the portal vessels, but there was nowhere any indication of a true glandular type of growth.

The stomach growth presented superficial necrosis of the gland structure, great thickening and infiltration of epithelial cells in the submucosa and a very small fibrous stroma. The cells in some places filled blood vessels, in others lymph spaces.

No other new evidence was adduced from an examination of the remaining organs.

*Conclusions*—The conditions then found present a neoplasm in the stomach of small size, well circumscribed and circular in outline, with but little evidence of erosion and ulceration, while microscopically the constituent elements are chiefly cellular, with an inappreciable amount of fibroid change—that is to say, a growth apparently of very recent date. In the liver, on the other hand, the cancerous tumour is of enormous size, of markedly dense consistence from fibroid change, and on minute examination is seen to be made up of fibrillated masses out of all proportion to the insignificant amount of cellular growth—in other words, a neoplasm of long duration.

In endeavouring to make a pathological diagnosis as to the primary seat of the disease, the general appearances, though of great use as a guide, would not in themselves be sufficient as evidence, for it is everywhere recognized that growths in the stomach may for a long time remain small and apparently quiescent, while the secondary foci grow to enormous proportions; yet one would expect in such cases that there would be evidence either of chronic ulceration or of fibroid change, but neither of these conditions is manifest in the present instance.

Again the neoplasm in the stomach is circular, slightly elevated, regular in outline and well circumscribed, thus corresponding in general characteristics to the description given by Grawitz among the rare cases of secondary cancer of the stomach formed by metastases.

Should insistence be laid on this organ as the primary seat of the neoplasm one could surely render cautiously in future a diagnosis of primary cancer of the liver when the original focus can for so long a