

in which villous cancer was found *post-mortem*; and reference is made to purpura, scurvy, and epistaxis as occasionally being the cause of hæmatemesis.

"The presence or absence of enlarged lymphatic glands or swelling in the clavicular region is of little significance, as they are often absent in cancer, and present from other causes. The forty years traditionally supposed to be the necessary age, does not help in doubtful cases, as cancer has been shown to occur at twenty. On all these grounds the repeated appearance of 'coffee-grounds' vomit in an individual who shows signs of increasing cachexia and gastric derangement is of much significance. Yet when to these always doubtful signs we add the presence of a tumour in the epigastrium error is quite possible, even excusable, or perhaps not to be avoided. Putting aside the difficulties of ascertaining that a tumour in the epigastrium is really connected with the stomach, let us assume that a tumour thus defined has the peculiarities of that hard and nodular condition which we claim for cancer itself, yet the tumour may be only a thickening of the wall of the stomach, resulting from a chronic ulcer, and consisting of inflammatory fibroid growth. Further on I will relate just such a case. On the other hand, a smooth, painless tumour of the stomach-wall may be a cancer. A non-characteristic tumour may be cancer, while, on the other hand, a hard nodulated painful tumour may not be cancerous at all."

A case is then related in which there was pain, vomiting, anæmia, emaciation, pallor, and debility, with an uneven hard, tender, tumour in the epigastrium of a man aged 44. Under treatment he improved for a time, the tumour not increasing in size; but, finally, he was attacked with hæmatemesis recurring in twenty-four hours, and very quickly followed by death.

"During life the unchanged condition of the tumour had shaken the diagnosis of carcinoma. The history did not permit us to accept the diagnosis of ulcer. That must have existed long previously. The tumour then could only be the result of an old long-standing chronic inflammatory process, and blood had never been vomited. Finally, death followed the erosion

of an artery and hæmorrhage into the cavity of the stomach. Dissection showed a large, almost healed loss of substance, with fibroid induration of the wall of the stomach over a considerable extent, and of remarkable thickness. The morbid process cannot be considered carcinomatous in the absence of cancerous elements and secondary carcinomatous affection. The nodular tumour of the stomach, felt during life, was not cancer.

"Whilst the history misled us, the observation of the unchangeability of the tumour corrected the mistake, and the fatal hæmatemesis which occurred confirmed the view that it was not cancer; and thus the verdict before death was in harmony with the verdict after dissection. That a tumour of the stomach may be regarded as a cancer, it is necessary to add, as this observation has shown, that its dimensions demonstrably increase. This addition has recently shown its value.

"A tumour may be so placed and conditioned that it appears not to be connected with the stomach, and so long as no stomach troubles are present, a diagnosis of the tumour as cancer, still less of cancer of the stomach, is hardly possible.

"A large strongly-built man, aged 43, presented himself. He showed no cachexia; his countenance was still ruddy. He complained of pressure in the left hypochondrium, and of frequent desire to pass urine. At the level of the left costal margin a smooth oval transversely lying tumour could be felt, eight centimetres long and five centimetres broad, which could be moved from right to left, and appeared little painful. Appetite was undisturbed; there was no nausea nor vomiting. From this account it seemed probable that the tumour was a dislocated organ—spleen or kidney. The next week the tumour was changed; it was more extensive. Later it became distinctly larger, rounder, and now began loss of appetite, vomiting, and debility. In the later stages coffee-grounds vomiting appeared, and the patient fell into a marasmic state. Dissection showed that an ulcerating medullary carcinoma of the greater curvature of the stomach, midway between the pylorus and the fundus: from the growth of the tumour, the cachexia,