

The Board of Governors feel that in this building they have a model modern hospital, and we agree with them. When the Governors complete the other improvements which they have decided upon, viz., an elevator and isolated wards for tuberculous patients, they will have a hospital which will meet all the requirements of medicine, surgery, gynecology and sanitation. In order to carry out these laudable and necessary improvements the Governors require more money. They themselves have contributed largely of their own private funds. They ask the public to share in the good work. A hospital such as the Kingston General appeals to all classes. We trust that there will be a generous response. The hospital is not local in its operations. It is open to the sick and the afflicted. Let those who now enjoy the blessings of health assist in the noble work.

ULCER AND CANCER OF STOMACH.

IN the last number of the QUARTERLY I drew attention to some of the diagnostic features of chronic gastric affections and recited the histories of a few cases which had come under my care. Since then I have had charge of a case which I deem of special interest, both on account of the complications which existed and of the bearing which it has on the diagnosis between ulcer and cancer of the stomach. Miss S., aged 44, came under my care on March 2nd last, with the usual history of indigestion for several years—pain on eating—vomiting at times of “coffee ground matter”—emaciation, 45 lbs. in six months—constipation. Her appearance was that of a cancerous patient. The age of the patient and the duration of the illness might suggest cancer, ulcer or inflammation. The pain would not throw much light upon the nature of the disease, and the emaciation might be looked for in any of these conditions. The “coffee-ground” vomit was highly suggestive of cancer. Judging from the information obtained from the patient and from her general appearance cancer would in all probability be diagnosed. On physical