

contraction, or even pyloric obstruction due to ulcer cicatrization, are more easily differentiated. Duodenal ulcer, because of its typical, clear-cut symptoms, is not likely to be confounded with cancer.

Gall-bladder disease, with its various complications, is the source of the greatest difficulty in differentiation. In the late stages of disease due to gall-stones the stomach symptoms are so truly characteristic of malignancy as to thwart even the most expert in arriving at an accurate diagnosis. The early history of the case in these instances must invariably be relied on in solving the difficulty. If the early history reveals the presence of sudden severe attacks of epigastric pain, radiating under the right shoulder blade, such attacks ceasing as suddenly as the onset, and being in no way related to the partaking of food, the present trouble will usually be found in the gall-bladder. The early history must invariably be relied on to clear up the diagnosis, and will frequently be the means of preventing an otherwise excusable error.

In extensive saddle ulcers, or marked hour-glass contraction, the clinical picture is frequently one as though stamped with malignancy. There is often that emaciation and cachexia so significant of carcinoma. Hemorrhages are sometimes frequent, and may even present the coffee ground appearance so typically characteristic of cancer. In a condition such as this we may even have a complete absence of hydrochloric acid, and the presence of lactic acid with the *Oppler-Boas bacillus*, so frequently considered as positively significant of cancer.

In differentiating between such extensive ulceration and true cancer, one must remember that in ulcer the appetite remains good until quite late in the disease, and the loss of flesh and strength is consequently slow. In cancer the appetite is lost early and rapid emaciation supervenes. In cancer the pain is more diffuse, is more constant and depressing, and not so closely related to food. If a movable tumor of the stomach be discovered with the presence of lactic acid and the *Oppler-Boas Bacillus*, and the absence of hydrochloric acid in a test meal, cancer may, with comparative safety, be diagnosed.

Inasmuch as a definite diagnosis of gastric carcinoma may so frequently be arrived at only in the presence of an exhaustive early history, and as the associated condition is likely to be one of only three, viz.: gall-stones, gastric or duodenal ulcer, I have tabulated below some of the most important points in their differential diagnosis:

#### PAIN.

Gall-stones.	Gastric Ulcer	Duodenal Ulcer.
The pain in gall-stones is sudden, sharp, severe, and intense. It commences in the right hypochondrium	Is present in most cases, but is much less excruciating than in gall-stones. It radiates from the epi-	The pain in duodenal ulcer appears in cycles ranging in time from a few days to several months. It is of a