

ribs and probably in the vertebrae. The absence of history of any gastric trouble and of any signs during his stay in the hospital, did not call for special attention to the stomach, and no test-breakfast was given. The abdominal examination was always negative, except that the muscles were held tensely. As the patient was difficult of examination this did not perhaps arouse the attention it should have done. The true condition was not suspected.

*Autopsy* showed cancer of the stomach. The lesser curvature was converted into a rigid mass over which the omentum was closely bound. The growth extended along the posterior wall. It did not involve the cardia or pylorus. On section all the coats were infiltrated. The mucous membrane was smooth, white, and opaque. Near the pylorus was an ulcerated area 3 by 3 cm. on the posterior wall. There were metastases in the lungs, bronchial, pericardial axillary and abdominal lymph-glands, ribs, skull, and vertebrae. There was compression of the bronchial plexus by a tumor-nodule. The vertebral metastases were in the first and tenth dorsal and first lumbar.

CASE VII.—*Onset of illness with ascites; two months later aspiration of bloody fluid; recurrence of ascites with swelling of the legs; drainage of peritoneum; recognition of malignant disease of the stomach. Autopsy showed extensive cancer of the stomach.*

No. 141. A. H., male, Hospital No. 21,173, aged 59 years; admitted November 9, 1897, complaining of 'dropsy.' His family history was negative. He had been a moderate drinker and denied syphilis.

*Present illness* began four months previously with swelling of the abdomen. This increased gradually and at the end of two months he was tapped by his physician, who drew off a large amount of bloody fluid. Soon after the abdomen began to enlarge again and this continued until the present admission. With this swelling of the legs came on. There had been some pain in the lower abdomen. His appetite had varied. He had occasional vomiting of mucus but no blood. The bowels had been irregular. There had been great frequency of micturition.

*Examination* showed emaciation but not cachexia. The thorax was negative. The abdomen was distended symmetrically. Movable dullness and fluctuation were obtained. The liver-dullness began at the fifth rib in the right nipple line and only extended a distance of 4 cm. Its edge could not be felt. There was edema of the legs, genitalia and lower trunk.