

and digitalis. From this time till the end of August there was very little difference in her condition, never any rise in temperature; pulse from 80 to 100 and often irregular; some shortness of breath almost every day. She never complained of any pain in the stomach, but if she ate more than a little food at a time it caused a heavy feeling in the stomach, and nearly always caused vomiting. During September and October this became gradually worse, so that she was unable to take anything but a little milk or a raw egg. Though she often felt hungry, whenever she took solid food it caused vomiting. About the 20th of October she began to complain of pain in the stomach. There had always been considerable tenderness on pressure. The pain became steadily worse, extending over nearly the whole of the right side of the abdomen. The vomiting also grew worse until it was impossible for her to take any nourishment, even the smallest amount being vomited at once; at no time was any blood vomited. She left for the hospital November 12th. On examination (November 15th) the patient is seen to be emaciated, feeble and anemic. She cannot walk without assistance—ill-defined tenderness over right abdomen, with its maximum in the neighborhood of the pylorus. Gastric feeding was impossible, as absolutely nothing was retained. Examination of the stomach contents showed free hydrochloric acid. In consultation with Dr. Fotheringham, a diagnosis of pyloric obstruction from perigastritis with adhesions was made. On opening the abdomen, November 24th, the adhesions were found binding the duodenum down to the pyloric end of the stomach, entirely closing the pylorus. After the parts were freed, an indurated mass was felt in the posterior wall of the stomach, one inch from the pylorus, evidently corresponding to the site of gastric ulcer, which had healed. The pylorus was not contracted, and though the stomach was somewhat dilated, a favorable prognosis was looked for. The convalescence was uneventful, the patient never vomiting after recovering from the anesthetic. She was discharged December 6th, and now enjoys excellent health. Weight on leaving hospital December 6th, 107 pounds; weight on January 28th, 1903, 157 pounds.

CASE III.—M. G., aged 64, has complained of the usual symptoms of dyspepsia and pyloric obstruction for about four months. Reports having vomited blood only once, viz., on the day before admittance to hospital. Is at present much emaciated and apparently in a starving condition. An ill-defined tender mass is found in region of the pylorus. Free hydrochloric acid reported after examination of test breakfast.

*Diagnosis*—Pyloric obstruction, probably malignant. Operation was made and an irregular mass as large as a hen's egg was found obstructing the pylorus, with involvement of the