

September 9th.—Subjective symptoms considerably improved. At intervals of two hours, very small quantities of milk, eggs, bouillon and wine are given.

Small quantities of pepsin and muriatic acid have been tentatively added to the food. Pulse better, 146 per minute. Highest temperature, 38.1 degrees C.

September 15th.—Dressing removed. The abdominal wound found united by primary intention without a trace of local reaction. Stitches removed. Patient allowed a little scraped meat for the first time. The first movement of the bowels since the operation took place September 10th. Since then the patient has had from two to three fluid stools daily.

Occasionally there is some regurgitation of ingested milk, but actual vomiting has not occurred.

September 16th.—Patient feeling remarkably well; temperature normal; pulse, 100; slight diarrhea.

From now on the patient was able to take fairly large quantities of food. Mornings at 7, a cup of milk with one egg; 9:30, cup of milk with one egg; Dinner, very soft scraped meat, or a cup of thin gruel with an egg; 4 p. m., cup of milk with one egg; 7:30 p. m., a cup of milk or gruel. In addition to these regular feedings she also takes tea and Malaga wine, amounting in the course of the day from five to seven ounces.

On September 16th, for the first time since the operation, vomiting occurred. It was preceded by nausea, apparently superinduced by the patient having witnessed a change of dressing in a neighboring surgical case. There was a good deal of retching, and about seven ounces of bilious and slightly acrid fluid were ejected.

September 26th.—Patient is allowed to have half a chicken, the last remnants of which she swallowed at 4:30. At 6:30, customary milk and egg. At 7:30 attack of vomiting, with considerable retching and marked contractions of the abdominal muscles. The ejected matter amounted to about ten ounces, and consisted largely of milk and meat fibres. For some time before this attack patient had complained of a decidedly bitter taste in her mouth.

October 2d.—Another attack of vomiting. The ejected fluid measured over six ounces. It was yellowish in color and not offensive. This attack came on one hour after eating. Examination showed that undigested egg and milk had been thrown up.

October 4th.—An attack similar to the one just noted was observed.

October 8th.—Another attack of vomiting. The slimy fluid was sent to the laboratory for chemical examination. The report received stated that the reaction of the fluid was distinctly acid. This was owing to the presence of lactic acid, as no free hydrochloric acid was found. Trypsin reaction was also discovered. Bile acids and bile pigment were likewise present in appreciable quantities. It should be mentioned, in this connection, that the patient was no longer taking pepsin and muriatic acid.

October 11th.—Patient left her bed for the first time since the day of the operation, i. e., September 6th.

November 2th.—Patient feeling quite well and able to walk about comfortably.

There was a considerable progressive increase in the weight of the patient after removal of the cancerous stomach.

Pathological Report on the Excised Stomach.—The specimen consists of a human stomach measuring twenty-eight centimetres (eleven inches) along the great curvature, and twenty centimetres (eight inches) along the lesser. The greatest width between the curvatures amounts to ten centimetres (four inches) (see Fig. 3). The gastric cavity is so completely occupied by a neoplasm that it is difficult to force a finger in at either extremity.

From both the cardiac and pyloric ends, small portions were cut off and sent to the pathological institute of the university (see Fig. 4). Professor Ribbert made the following report on these specimens; one piece is unmistakably duodenal. Microscopical examination showed the neoplasm to consist of a small-celled alveolar glandular carcinoma. According to the microscopical report of Professor Ribbert, already alluded to, there can thus be no question that in my case the gastric excision extended into the territory of the esophagus. Neverthe-