

PHYSICAL EXAMINATION.

HEART—Normal.**LUNGS**—Normal.**ABDOMEN**—Abdominal wall thin and emaciated, showing up the venous circulation remarkably well. Tender point in epigastrium.

CLINICAL EXAMINATION.

URINE—

Amount in 24 hours, 42 ozs. Color, amber. Odor, none. Sediment, none. Reaction, acid. Sp. Gr., 1012. Albumin, none. Sugar, none.

Microscopical Examination—

Pus, none. Blood, none. Crystals, none.

Tube Casts—

Epithelial, none. Blood, none. Granular, none. Hyaline, none.

BLOOD—**Hemoglobin**—Dare (80%). Temperature, 98. Pulse, 72.**Blood Pressure**—Systolic, 120 (Normal, 100-120 mm.) Diastolic, 90 (Normal 75-95m.)**Red Cells**—No. 4,200,000 per cu. mm. (Normal—Men 5,000,000, Women 4,500,000).**White Cells**—No. 10,600 per cu. mm. (Normal 7,500).**Differential Count of 600 Leucocytes**—

Small lymphocytes, 22% (Normal 22-25). Large lymphocytes, 4% (Normal 3-6).

Large mononuclear leucocytes, 1% (Normal 1-2). Transitional Forms, 2% (Normal 1-2).

Polymorphonuclear neutrophils, 70% (Normal 70-72). Eosinophiles, 3% (Normal 2-4).

GASTRIC ANALYSIS—

Gastric extract. Meal given, toast and tea. Quantity removed, 3 ozs. Food remnants, none. Blood, none. Tissue bits, none.

Chemical Examination—

Reaction, acid. Total Acidity, 66. Free H. C. L., present. Combined H. C. L., Total H. C. L., Lactic Acid, absent. Altered Blood, none. Bile, none.

Microscopical Examination—

Micro-organisms. B. Oppler Boas, none. Yeasts, none. Sarcines, none.

X-RAY (FLUOROSCOPIC EXAMINATION).

HEART—Normal.**LUNGS**—Dark shadow in apex of left lung.**STOMACH**—

Position, normal. Visible Peristalsis, present. Filling Defects, none. Incisura, none. Hypersecretion, not visible. Mobility (a) Stomach, normal; (b) Pylorus, moveable; (c) Duodenum, free. Tender Point, in epigastrium. Residue after six hours, slight. Empty in 8 hours.

SMALL INTESTINE—

Duodenum, empty in 10 hours. Ileum, empty in 22 hours.

LARGE INTESTINE—

Colon, empty in 30 hours.

COLON—Fluoroscopic Examination by Opaque Enema, normal..

Discussion.—The facts which we have before us in this case, and which we must endeavor to weave into a composite and definite diagnosis of an undoubted pathological condition, are numerous and somewhat contradictory. A pale haggard man looking much older than his years, a history of carcinoma, jaundice, gastric uneasiness, belching of gas, dizziness, loss of appetite, tenderness over the gall-bladder, and the most dominant symptom of all, the loss of forty-six pounds of flesh in four months, points unmistakably to the upper abdomen as the seat of whatever pathological lesion may be present. As for the lesion itself one cannot help but consider pancreatic cancer, cancer of the liver, of the gall-bladder or bile ducts, ulceration in either the stomach or duodenum or even cancer of the stomach itself.

Probably the better method to pursue is to arrive at a diagnosis by the process of elimination. Presuming this condition were due to pancreatic cancer, what local symptoms would we expect to find at examination in a case so far advanced as we find in this man? We would first