

and it was suggested that the case was one of hæmorrhagic pancreatitis, a diagnosis that was confirmed by the autopsy.

CASE 6. Wm. H., æt. 36. A builder. Consulted me in October, 1895, complaining of flatulent dyspepsia. He had pleural adhesion with considerable retraction on the left side of indefinite but recent occurrence. Careful examination showed a dull resistant mass in the epigastric region, over the situation of the pylorus. The abdominal muscles were so tense that the exact shape and character of the thickening could not be determined at first. Examination of stomach contents after a trial breakfast was made; the residue was large (120 c.c.'s) and contained no free hydrochloric acid; there was a good deal of gas in the stomach. There was no

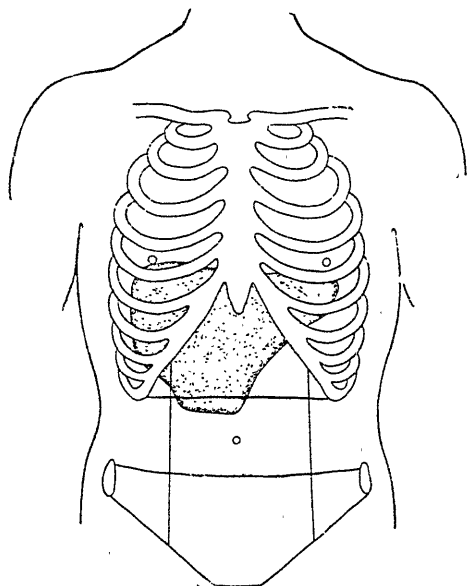


FIG. 5.

nausea or vomiting. There was uncomfortable distress and some pain after food, relieved by belching gas. He had lost a good deal of flesh. In the result of examination, as given, was sufficient ground for anxiety, as the existence of carcinoma was a grave possibility. The result of treatment was not very satisfactory for some weeks, as there was little improvement, and this strengthened the possibility of malignant disease. Three months later he was some better, however, and the abdomen was quite relaxed. The mass in the epigastrium was found to be broad, smooth, and with a sharply defined liver-like edge on its right and lower margins, but lost to the left under the rectus muscle, where there was stomach resonance, while the right part was dull on percussion (Fig. 5). The mass moved freely with