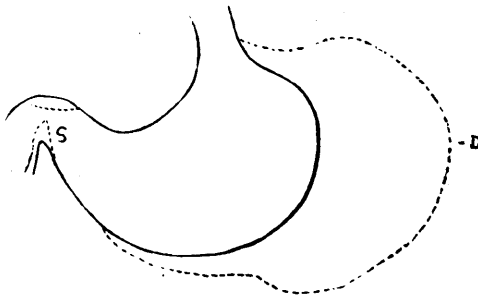


would be retained longer than an hour. Owing to the very weak condition of the patient, and the apparently hopeless nature of the case, rectal alimentation was not resorted to. He died of exhaustion after being confined to the house for 36 days, and he assured me the day before death that he had scarcely felt a pang of pain during his illness. In his sickness eleven years ago his pain was very severe. At that time he had frequently vomited blood, this time no appearance of hematemesis was manifest until shortly before death.

Post Mortem.—Having secured the consent of the family, a post mortem examination was made twenty-eight hours after death, at which I was favored with the presence and assistance of Drs. Campbell and Scott. After exposing the viscera, we found the stomach greatly enlarged and extending down into the lower portion of the abdomen. The liver was crowded out of its normal position, until the left lobe had taken the position of the right, and the latter was occupying a more central position. Between the stomach and the liver the result of local peritonitis was seen in numerous



adhesions, most of which bore evidence of not being of very recent origin. The gall bladder was found higher up than usual, and between it and the muscular coat of the stomach near the pylorus strong adhesions were found. The coats of the gall bladder were broken down and the contents escaped. The liver was about normal in size and color, although there were slight patches of discoloration, these were probably due to the escaped contents of the gall bladder. I have made a rough diagram representing as well as I can the size of the stomach, and indicating the site of the malignant disease.

Measuring the greater curvature as shown in outside dotted line, we found it to be 30 inches, and that a straight line from the cardiac orifice to the pylorus was 19½ inches. In the stomach was

found about a quart of fluid, of black yeasty appearance, and intensely sour in smell. The mucous lining of the stomach was found slightly congested, but free from any appearance of ulcerations. You will note in the diagram the site of the malignant growth, which under the microscope was found to be scirrhus. It extended slightly into the duodenum on one side. Under the microscope the fibrous stroma appears far in excess of the cell element, but the latter is sufficiently distinct to fully demonstrate the nature of the growth. The stenosis was most marked, the pyloric orifice being reduced to the size of an ordinary lead pencil.

One of the peculiar features of this interesting case was, as you will notice, the great length of time that elapsed between the first appearance of those symptoms, which lead to the diagnosis being made of cancer of the stomach, and the second attack—eleven years. I believe that this case establishes the fact that during the course of cancer of the stomach we may be often much puzzled by a remission of the anorexia, pain, hemorrhage, and vomiting, and have such improvement seeming to take place that the patient believes he has recovered. In this case two careful practitioners after diligently studying all the symptoms of the case, announce the fact that the patient is dying of cancer of the stomach. The patient's condition suddenly improves, and shortly afterwards he resumes every day work. For eleven years, although not very strong, he enjoys comparatively good health, and has suddenly a return of all the old symptoms with one notable exception—the pain is absent. Then after a week's illness the patient dies, and a post mortem examination reveals the fact that the diagnosis made eleven years previously is verified.

COMPOUND FRACTURE OF THE LEG, TREATED BY PLASTER-OF-PARIS BANDAGE.*

BY DR. CAMPBELL, SEAFORTH.

W. H., æt 37, a native of Canada, laborer in the Seaforth Salt Works, when working at his occupation of raking salt, the following accident took place. He allowed a book to fall down between plates of iron which were leaning against

*Read before the Huron Medical Association.