

January 26th. After having had no food since 10 p.m., the tube was passed at 8 a.m., and 266 cc. of a yellowish brown fluid of the consistency of thin gruel were withdrawn; odor rancid. It reacted strongly to litmus paper, and the phloroglucin-vanillin for acid; no reaction for the lactic acid test. The total acidity was neutralised by 6.5 cc. deci-normal sodium hydrate solution. During the latter part of January the patient did not do so well. There was evidently more dilatation of the stomach, and the waves of peristalsis were plainly seen without artificial inflation. The pyloric tumour was no longer visible, and was felt much further to the right, midway between the navel and the costal border. From three to five hours after the taking of food there was usually found about a litre of yellowish-brown, rancid, frothy fluid.

On February 15th the following note was made: "This morning the outlines of the stomach are very distinct, and the peristalsis active, the pyloric outlines reaching nearly to the right mammillary line. The mass at the pylorus is not nearly so distinct, and is no longer to be felt near the middle line, but can be made out in the right parasternal line, evidently covered by the distended pyloric portion of the stomach. Palpation increases the peristalsis."

On the 26th of February the patient vomited 200 cc. of bright blood. The peristalsis was very active. The greater curvature of the stomach extends two fingers breadth below the level of the navel. The tumour mass to-day is far over in the right hypogastrium. The patient was ordered enemata of peptonized milk and egg, and given only albumen water by the mouth, with bicarbonate of soda every two hours.

28th. The stomach is much reduced; the pyloric tumour is in the median line; there is no peristalsis.

March 2nd. The patient has had no more vomiting, and is much better. The abdomen looks natural; there is no peristalsis. The pyloric tumour is to-day just above and to the right of the umbilicus. The contraction and relaxation are apparent to-day.

The patient during this attack has lost in weight. Thus he weighed 132 pounds on the 13th; he now only weighs 123 pounds.

March 5th. Patient insists on going home; he has been better for the past few days. The dilatation of the stomach has very much lessened. The pyloric tumour is situated just below the ensiform cartilage. No peristalsis is seen. The stomach bulges just beneath the left costal margin. The tumour mass is not nearly so variable and almost constantly hard and firm.

*Remarks*—This case presented many points of interest, and was