

curdled, and but little diminished in amount. At 12.30 the patient took 250 cc. of clear broth, from 50 to 100 grammes of meat cut small, about the same amount of bread and 250 cc. of water. At 5.30 p.m. about 250 cc. of fluid mucus with finely divided food, yellowish brown in colour and with a rancid odour, were removed. This reacted with phloroglucin-vanillin for HCl, and with Uffleman's test for lactic acid. Peptones were present; 10 cc. were neutralized by 13.5 cc. of deci-normal sodium hydrate solution, and 10 cc. of the juice shaken thoroughly with ether were neutralized by 10.2 cc. of deci-normal sodium hydrate.

The patient was ordered five grains of bicarbonate of soda every two hours in milk. He improved rapidly, gained in weight, took small quantities of food at short intervals, and seemed to be doing well. The test meals always gave a marked increase in the total acidity.

Special attention was directed to the condition of the tumour. It was extremely variable in position, depending entirely upon the degree of distension of the stomach. Shortly after admission it was noticed that the tumour mass was visible beneath the skin, appearing and disappearing. On watching the epigastric region an elevation of the skin took place, usually midway between the navel and the ensiform cartilage, and a definite tumour projected, which could be seen plainly at some distance away. After remaining for from half a minute to a minute it gradually disappeared. On palpation, when visible, there is to be felt an extremely firm, hard, somewhat sausage-shaped mass, which, as it disappears, relaxes and gets soft. There is no visible peristalsis, except when the stomach is inflated.

The patient remained in the hospital throughout December, gained somewhat in weight, and took his food well. He was discharged January 7th, 1894.

On January 15th he was re-admitted, complaining of a severe burning pain in the epigastrium, only relieved by eating. While at home he took from five to ten grains of bicarbonate of soda every two hours. Shortly after admission I made the following note: "The tumour mass in the abdomen appears and disappears as formerly noted. It occupies a position to the left of the median line. The variations in it are very striking. As it contracts and becomes hard it lifts the skin and can be then plainly seen. As the contraction relaxes it disappears, often with a sizzling sound, which can be heard, and then becomes much softer to the touch. But even in this state the tubular induration can be felt. There are now, without inflation, slight waves of peristalsis seen to the left of the tumour mass below the costal margin."