

feeling in the stomach at all times, but worse after taking food. There was no definite pain and his appetite had remained good, though he dreaded eating on account of the uneasy sensations that followed the ingestion of food. He was also nauseated rather often after food and occasionally vomited his meal unchanged, immediately or soon after eating. The diarrhoea was soon controlled, but the other symptoms were not alleviated by restriction of diet, lavage or drugs, and throughout November, December and January he became, if anything, worse. The vomiting particularly became more frequent; nothing seemed to agree with his stomach, but meat seemed to be borne better than any other food. During this time, repeated examinations of the stomach contents were made after a test-meal, and invariably with the same result—an inert gastric juice, containing no hydrochloric acid, no organic acids, and devoid of any digestive action on coagulated albumen. Inflation through the stomach-tube showed a prolapsed and dilated stomach, the greater curvature extending below the level of the navel. The stomach washings contained, besides undigested food, small flakes of muco-pus occasionally flecked with minute bloody points.

As the patient was steadily failing in weight and strength, it was decided, after consultation with Dr. Armstrong, to recommend gastro-enterostomy. While not declining an eventual operation, Mr. C. suggested taking a trip to the West Indies, in the hope that the sea voyage and rest would benefit him. He left in February for Jamaica, and was absent two months, during which time his symptoms remained the same and he continued to lose in weight. On his way back he consulted one of the most prominent clinicians in America, who concurred in the advisability of a gastro-enterostomy. I saw him soon after his return and was shocked at his appearance. He had lost 30 lbs. since the beginning of his illness, and was so weak that the slightest exertion was an effort. There was, however, no distinct cachexia, and the color of the mucous membranes was fairly good. Before finally deciding on operation, the stomach was examined, and to my surprise it was found that on full inflation the greater curvature did not extend beyond a point half-way between the xiphoid cartilage and the navel. This seemed to make a gastro-enterostomy unnecessary, but it was thought advisable nevertheless to make an exploration, find the cause of the trouble, and if possible remedy it. The operation was performed on May 14th by Dr. Armstrong, and the following account is transcribed almost verbatim from the hospital case-record, omitting only minor details of surgical technique:—