

He has been healthy, with the exception of attacks of dyspepsia. He uses alcohol in moderation.

In May, 1892, after an indiscretion in diet, he had cramp-like pains in the left side of the abdomen. The attack did not last very long, but the pains recurred in a few days and continued for about a month at varying intervals. They had no relation to meals, and although he was often nauseated, he only occasionally vomited. He was confined to bed in this illness and lost considerably in weight. From his description it was evident that the pain was of very great severity. After getting up he felt fairly well, except for an occasional dull, aching pain in the abdomen. He kept at work and was very well all through the summer and autumn.

In December, 1892, he again began to have attacks of pain, cramp-like in character and of great severity, coming on as a rule three or four hours after meals and lasting for an hour or two. Throughout the winter of 1892-93 he was in the house and in bed a great part of the time, not able to work. Towards the spring he vomited at intervals large quantities of food, a quart at a time. In May he vomited blood in large amounts. He said it looked like finely minced liver; for several days afterwards the stools were dark and tarry. After this he got quite well, the appetite returned, he gained in weight, and went back to work. Towards the latter part of the summer he noticed a lump in the left side of the abdomen, which has increased in size. A week ago the patient had a return of the severe cramp-like spasms, and he has since vomited blood four times, not, however, in very large amounts.

On admission the patient looked a little emaciated, but the lips and mucous membranes were of fairly good colour; no fever; weight 128 pounds. Examination of the thoracic organs is negative. The abdomen looks natural; the left epigastric region is perhaps a little fuller than the right. The stomach occupies a small area almost completely covered by the ribs. It does not extend lower than the seventh space on the left side. On deep inspiration an elongated mass is felt to descend from beneath the costal margin. After dilatation with bicarbonate of soda and tartaric acid the left epigastric region becomes much fuller. The mass is now to the right of the middle line, feels firm and hard, and gas can be felt bubbling through it. The area of stomach tympany is greatly increased, extending almost to the umbilicus and passes the median line. Above it extends nearly to the nipple. On inspection waves of contraction are seen to pass from left to right, and there is a distinct hour-glass contraction. Liver and spleen are not enlarged. At 9.45 a.m. the patient's stomach was emptied and washed, and the milk he had taken at 7 a.m. came out