

ness. Pulse, 75 regular and soft; temperature, normal; urine acid, 1030, no albumin nor sugar; blood, hemoglobin, 55 per cent.; R. B. C., 4,012,000; W. B. C., 7,600.

Examination of the thorax and abdomen negative. No supra-clavicular lymph nodes apparent. There is a soft fibroid situated in left nares anteriorly. Teeth and buccal mucous surfaces healthy. Larynx and vocal cords natural. Tongue, pale and slightly coated posteriorly. No odor to the breath.

The only subjective symptoms are the indefinite pain, and the sensation after eating of the food returning a short distance, as mentioned above. He has never been able to make himself vomit, although he has tried on several occasions.

On January 4th, 1909, at 8 a.m., patient took a breakfast of one soft boiled egg, some rice, a cup of tea, and at 9 a.m. I passed a soft rubber stomach tube, size 33, French, the distance of 53 cm. from the teeth-line, but nothing came out through the tube by suction or otherwise; a small quantity, perhaps 2 cc. of yellowish chyme mixed with mucus ran out alongside the tube which, on analysis, showed free HCl. Water was then poured into the tube, which syphoned out unchanged. This was repeated several times with the same result. Only about half a pint could be made to enter tube each time. I therefore concluded that the tube had not entered the stomach, but was either in a diverticulum, or curled up in a dilatation of the esophagus with an obstruction below. The latter proved correct, for on withdrawing the tube, the kinked end straightened out as it reached the upper part of the throat. A soft rubber tube, No. 24 French, tapering at the point, was then introduced, and after some manipulation slipped into the stomach. About 100 cc. of brownish-yellow chyme was expelled through the tube, analysis of which showed free HCl; total acids, 10; no lactic acid. Stomach was then washed out with saline and tube withdrawn. The patient was given a glassful of water, and after an interval of five minutes the large soft tube was again passed, but no water returned. The tube on this occasion also became kinked, and could not be made to pass the obstruction. The water, however, had passed into the stomach. The secondary deglutition sound was tested, and proved not to be delayed. Neither succession nor respiratory sounds could be elicited.

January 6th at 8 a.m. patient given an Ewald breakfast, and at 9 a.m. the stomach contents were obtained, consisting of about 100 cc. of brownish chyme, with a few particles of bread. The analysis made by Dr. Rolph, of the University Laboratory, showed free HCl; total acidity, 17; no lactic acid; no Oppler-Boas.

On withdrawing the tube two or three drops of blood were noticed; a smear taken from the end of the tube showed red and white blood cells, also some flattened epithelium.

January 13th, in consultation with Dr. Cummings, the patient