

squamous and cylindrical epithelium and moderate numbers of a small bacillus, but no sarcinae.

In this case the jaundice suggested the liver as the seat of trouble, the stomach disorder being secondary thereto. The impaction of gall-stones in the bile ducts was also a possibility not to be overlooked. This latter condition, however, was fairly excluded by the absence of the characteristic pain which usually accompanies this condition, and by the fact that while there was tenderness over the liver, there was not noticeable any enlargement of the gall bladder. The jaundice in this case, I was rather inclined to believe, came from an extension of the inflammatory condition from the stomach to the duodenum and thence to the common bile duct. This duct becoming more and more occluded by the inflammatory swelling and the collection of mucus, the outflow of the bile was partially or wholly arrested, absorption took place and jaundice resulted. This condition, too, would explain the tenderness over the liver and the rise of temperature which latter would be occasioned by the inflammatory condition, and by the absorption of the constituents of the bile, which would act as a poison. That there was gastritis, the examination of the stomach contents made certain. This excluded ulcer also. Cancer, I think, may now be safely excluded. If cancer had been present instead of improvement in the condition there would have been a gradual downward tendency in the patient's vitality, cachexia would by this time be quite manifest. The patient, however, has gradually improved. She is able to take ordinary diet; attends to her household duties; goes out and about, and her general appearance and health have improved. Considering, then, the condition of the patient 21 months ago, the chemical examination of her stomach contents and her subsequent history I am confident that I had to deal with a case of chronic gastritis.

Treatment—Lavage, hydrochloric acid and a bitter, peptonized food until her stomach would bear milk and broth without being peptonized; then her diet gradually increased.

Case IV.—Mrs. G., widow, æt. 65. Has for years suffered from bronchial asthma, and has from time to time attacks of indigestion. These attacks were always overcome by regulating the diet. In June last was called to see her. She was suffering from pain in stomach, eructations of foul smelling gas, vomiting