return of vomiting until a year and a half ago, or three years after recovery from his first illness. Since that time he has vomited at intervals of about five or six weeks, more frequently during the past three months. Since July last the character of the vomiting changed. He claims that there has been no blood, but only food and bile; there is severe pain with each attack. He says that he can feel a swelling gradually develop at the right costal margin, or a little below it, to the right of the median line. While this swelling is increasing in size he feels sick, the nausea becomes intense, constipation is marked, and iaundice supervenes. After this condition has persisted for a time, it terminates in vomiting. When the muscular effort becomes forcible he feels that something has given way. He calls it a "breaking of the bile," a term which fairly well describes what occurs at this time. He feels as if something fluid passed from this swelling to the intestine. When the "bile has broken," as he describes it, he feels much relieved, the swelling has disappeared, the constipation gives way to diarrhoa, and this is followed by intense irritation and scalding at the anus. Starches and fats are not easily digested.

On February 20th, made an examination of stomach contents after a test of breakfast, and found the HCl much in excess (90), and starch digestion incomplete; no dilatation of the stomach. He would not consent to give up work at this time, but returned to his home in Hamilton and followed his vocation, which necessitated irregularity in meals and a great deal of shaking about on the trains. It was very difficult to secure rest for the stomach under such conditions. As nearly as possible fluid diet, largely proteid, was ordered, together with large doses of alkalies, frequently repeated after meals.

March 14th—He returned, not much improved. He was induced to give up work and go to bed. Became some better, and was again seen on

April 9th—Since he was seen last, on March 14th, he has had two spells of vomiting. The first was a repetition of what had occurred periodically, since July of 1897, just a distension of the gall bladder, sickness, constipation, jaundice and vomiting of pure bile, without blood, followed by diarrhea and relief of all symptoms. During the second attack there was an admixture of blood in the vomited matter. I had a chance to determine the presence of both bile and blood, by examination this time. No blood had been vomited or passed by stool to the patient's knowledge since July of last year until this attack early in April. I have not seen the patient since, but he writes to say that he is improving with rest, diet and alkalies, but is so anxious to return to work that we cannot expect very good results.