mother says), always first thing in the morning, and with great relief to the pain. She was then under one of the leading physicians in Brighton, who diagnosed gastric ulcer. After a few weeks she recovered, but has since had frequent attacks of more general, "grinding" abdominal pain.

When first seen, she gave a history of having been attacked, on getting out of bed in the morning, with severe epigastric pain, "like a knife running through her." She felt sick and faint and then vomited, with immediate relief to the pain. The vomit consisted of about three drachms of dark fluid blood, having a curious sickly odour like that of liquor amnii. On examination very marked tenderness was noted in the epigastrium, so severe that the slightest pressure recalled her attention when she was engaged in answering questions. The abdomen was resonant all over, not tender elsewhere than in the epigastrium, and not distended; and no intestinal movements could be seen. The heart, lungs, and liver were normal. The case was therefore diagnosed as one of gastric ulcer, and the patient kept in bed on a fluid diet.

Three days later, while straining at stool during the night, she was seized with severe stabbing pain in the epigastrium, and a general abdominal pain of a grinding nature. Vomiting began, a prolapsus ani came down, and she fainted. When seen the pulse was rather weak and about 120, and the temperature 100. An injection of morphia was given, and a little weak brandy and water, with good results. The next morning she was much better, and, the bowels not having been moved for four days, a large olive-oil enema was given, which brough away large masses of hard motion having a foul odour, and was followed by almost complete relief of the symptoms.

An examination of the rectum showed a prolapsus ani and a retroverted uterus, which were replaced.

Further olive-oil enemata brought away more foul motions, and as there was still some griping, five grains of calomel were ordered and salol capsules (gr. v. ter die).

Three days later all tenderness had disappeared, and the pain was but trifling, and of an aching character.

On examination of the nose, a small polypus was found in the right nostril, which seemed to have been the cause of the hæmatemesis, and explains why it should have occurred only after the patient had been in the recumbent posture all night.

The diagnosis was therefore altered to gastro-intestinal catarrh, chronic constipation, nasal polypus, retroversion of the uterus, and prolapsus ani.

Mrs. Z., a thin, active lady of about twenty-six years of age, presented herself for treatment, complaining of excruciating epigastric pain, which she had had daily for four months, during which time she had lived on an exclusively fluid diet, but without relief. The pain generally came on immediately after food, occurred after every kind of food, and was accompanied by a feeling of fulness as soon as anything had been swallowed. It was of a sharp stabbing nature, limited to an area about the size of the palm of the hand, in the centre of which was a spot, the size of a shilling, where it was most acute, and from which it radiated; and it was associated with a similar pain a little to the left of the eighth dorsal vertebra. The epigastrium was acutely tender to pressure, even when the attention was directed to other matters. The tongue was clean and bright red at the edges, but constipation was troublesome. No history of vomiting, hæmatemesis or melæna could be obtained, and there were no signs of hysteria (contraction of fields of vision, hyperæthesia, etc.). The patient was directed to rest both before and after every meal—advice which she had previously neglected—and to take only small quantities of fluid food; and the following medicines were ordered: Hunyadi water every morning, Vichy water half an hour before each meal, and a mixture of bismuthi carb. and hydrocyanic acid immediately before meals.

Two days later the pain and tenderness had nearly gone, and at the end of three weeks, having been promoted, through scraped meat, meat-juice, etc., to a diet of fish, fowl and chop, she was quite free from pain.

The points I would especially call attention to are the curious coincidence, in the first place of a stomach pain, resembling that of gastric ulcer with vomiting of blood, followed by symptoms highly suggestive of perforation of the stomach: and the sudden and apparently permanent disappearance