

abdominal cavity, but he was emaciated, and had a pinched and unhealthy aspect.

A day or two after first consulting me he was seized with very severe pain, and I was sent for to see him, but being out of town he passed under the care of a homœopathic practitioner at Highgate, where he lived, and I saw no more of him until the autumn of 1873. In October of that year he called on me to tell me he was quite well, that the *fons et origo mali* (I use his own words) had been discovered. That the fact was, he had all along been suffering from gall-stones, and that two seasons at Carlsbad and a winter in Algeria had set him right. He did not mention then, what I discovered subsequently, that he had been taught to use morphia hypodermically for the relief of the stomach pain, and to this fact must be attributed much of the obscurity which appeared hereafter to hang over his case.

He passed through the winter of 1873-74 comfortably, in the firm belief that all his previous sufferings had been due to gall-stones, and that, should they ever return, he had a certain resource in the Carlsbad waters.

In April, 1874, I was asked to see his wife at Norwood, and, observing that he was not well, I was told, incidentally, that he was suffering from another attack of gall-stone, but that he knew quite well how to manage himself: he was drinking a large quantity of Carlsbad water; and when the pain was very severe, he obtained certain relief by the injection of morphia hypodermically. I was simply referred to by his wife to know if it was right for him to have recourse so constantly to this mode of relieving his symptoms: a question which was then, and on many subsequent occasions, pertinently answered by the patient, who demanded why he should be allowed to suffer pain when an easy and safe means of relieving it was in his own hands.

I did not see him again until the end of the following month (May, 1874), when I was summoned to see him as he was passing through town on his way to the north. I found him very ill, suffering intense pain in the stomach, vomiting everything he took, and passing black motions, consisting of fluid and solid matters, the latter composed partly of broken-down

scybalæ and partly of black gritty powder. The pulse was weak, and the tongue red and thinly covered with a brownish fur. The superficial arteries were markedly atheromatous. I asked to see the matters vomited, and found them to consist wholly of the farinaceous foods which had been given him; but on the surface of the vomit I noticed a few small patches of brownish scum, which, on closer examination, appeared to consist of mucus stained with blood. I removed these, and, together with my friend Dr. Lionel Beale, examined them under the microscope; and we found entangled in a fibrinous coagulum, numerous large nucleated cells precisely like cancer cells.

The more urgent symptoms yielded rapidly to appropriate treatment. I limited his food at once to animal jellies and fluids, such as could be completely or chiefly absorbed in the stomach, and forbade entirely the use of farinaceous food, which would have to pass out of the stomach before they could be digested. This obvious precaution was attended with immediate and entire relief of the vomiting. The rest of the treatment consisted in the use of creasote, lime-water, hydrocyanic acid; still, also, the hypodermic injections of morphia, to relieve the severe pain; but these were now alternated with doses of chloral and bromide of potassium combined, which quieted his nervous system and procured sleep. Thus we were able to diminish considerably the amount of morphia employed. He recovered rapidly from all the symptoms, except the gastric pain, which I noticed again and again was rarely or never absent, except when it had been quieted by the hypodermic use of morphia. Under these circumstances, his friends objected to accept the very unfavourable prognosis I felt bound to give, and I was repeatedly urged to adopt the gall-stone theory as sufficient to account for all his symptoms. Three or four dark-looking, irregular concretions were produced which had formerly been passed, and which we were told were gall-stones. These were submitted to analysis, and were reported to contain no cholesterin, and "to present more the character of urinary than biliary calculi." I had the advantage of consultation with two very eminent physicians, and they both felt uncertain as to the precise nature of the case,