

might be made. The correct diagnosis would be arrived at on the history, on the general demeanour of the patient, on the absence of reflex rigidity and of visible peristalsis, and on the effects of medical treatment.

(4) Various Other Diseases

(a) **Addison's Disease** is, as a rule, a chronic condition, but it is often marked by acute exacerbations, when vomiting may become incessant. Occasionally it may run an acute course from the first, and the patient may die in a few weeks with perhaps little or no pigmentation. We have seen one such case, which we were very strongly tempted to explore.

A girl, aged 16, was admitted to hospital with a history of three or four days' repeated vomiting, with constipation and abdominal pain. She was not wasted. She looked very ill, appeared to be in great pain, and vomited continuously. The abdomen was distended and tender everywhere, but it was quite soft. There was a little brown pigmentation low down in each axilla, but none elsewhere. She died two or three days after admission. *P.M.* Both supra-renals were caseous; no other lesion was found.

(b) **Pernicious Vomiting of Pregnancy.**—It is necessary only to remind the reader of this condition, which is easily detected. Nevertheless, we have known such patients sent up to hospital, diagnosed as intestinal obstruction.

(c) **Cyclic Vomiting of Children.**—Here again the diagnosis is simple if a careful history be taken; but the combination of repeated vomiting with a very toxic appearance and, occasionally, a tender abdomen, may be misleading; we remember one case where a mistake was made.

(d) **Uræmic Vomiting.**—Incessant vomiting, intense headache, and in most cases diarrhoea, are the chief symptoms of the gastro-intestinal type of uræmia. In exceptional cases vomiting is the only symptom, and this might arouse suspicions of peritonitis or obstruction. In a majority of cases, however, close investigation will reveal symptoms suggesting uræmia—such symptoms as headache, torpor,