

have cause for apprehension, and that is when local tenderness to pressure commences, and its area progressively increases along with increasing rigidity of the overlying muscles. Other symptoms, however, will then be superadded, to which I shall soon refer.

There are, however, several forms of pain which sometimes resemble hepatic colic enough to have their points of difference mentioned. Thus, I saw a case recently in consultation in which the attending physician made the serious mistake of supposing that the pains were due to gall-stones simply from their location. He ought to have known that gall-stones did not occur in a boy ten years of age, and that both the patient's backache and the shooting pains over the region of the liver were due to Pott's disease of the spine. The pain of gastric ulcer, and still more of duodenal ulcer, occasionally seems like those from gall-stones, but careful local examination will show tenderness on palpation with rigidity in the epigastrium rather than in the region of the gall-bladder, and, what is more, very commonly there is a distinct local throbbing or pulsation which is absent in hepatic colic. The time of the pain commonly differs, for the gastric pain rarely comes on first in the night, as hepatic colic often does, and the gastric pain usually has some relation to an habitual interval after taking food. Hepatic colic, however, occasionally does seem to be excited by eating, but as a rule the pain of gastric ulcer is felt more toward the left of the median line, and terminates with a painful point to the left of the spinal column, between the tenth and twelfth dorsal vertebræ, while that of gall-stones passes to the right. Occasionally displacement of the right kidney occurs in a woman with relaxed abdominal walls, causing sudden pains, faintness, and gastric disturbance which may be mistaken for an attack of gall-stones, especially as a tumor may then be also felt in the neighborhood of the gall-bladder. Percussion over the swelling will be dull if the swelling is due to a distended gall-bladder, because that would be in the front of the colon, and will be resonant if it is due to a displaced kidney, because the kidney lies behind the colon. Moreover, the kidney can be pushed upward and backward as a distended gall-bladder cannot. With the restoration of a prolapsed kidney the pain soon subsides.*

On the other hand, some cases of gastralgia are quite difficult to distinguish from biliary colic, and give rise to more uncertainty of diagnosis than any other pains. While they may differ

* In a few cases of prolapsed kidney it pulls on the duodenum by means of bands of the peritoneum, which cause constriction of the gut opposite the opening of the gall-duct and obscure the diagnosis by causing jaundice.