

This would appear to throw some light on a matter I had noticed in cases of sick, hysterical, or bilious headaches. Many patients have told me that they have scanty, high-colored urine as the attack is coming on, passing large quantities of pale urine as it passes off, the attack appearing to be due to a too free production of bile; which becoming inhibited, urine flows freely, and the headache ceases. An intelligent gentleman, formerly a martyr to sick headache, lately informed me that he can now always check it by drinking freely of water.

Landois, a German authority, gives the specific gravity of bile as 1026 to 1032, but from a fistula 1010 to 1011. In this case it varied from 1010 to 1012.

April 30. Slept well; awoke refreshed. Took porridge, followed by some mutton soup. Soon after felt heavy. Had enema of turpentine made into emulsion with egg and milk. About 10 a.m. felt cold, and took a severe chill, followed by temperature 100°, pulse 96. This was the first rise of temperature. It was followed by severe sweating, after which pulse and temperature subsided.

Till May 7, comfortable. Took liquid food with relish, with preference for fat.

May 24. Appetite poor; felt bloated. Bile, 14½ ozs.; specific gravity, 1010; urine, 32¼ ozs.; specific gravity, 1020. Gave soda salicylate, grs. x., every two or three hours.

May 26. Bile, 30¾ ozs.; specific gravity, 1010; urine, 47 ozs.; specific gravity, 1018. Emaciated; lost all appetite for food, though small quantities did not distress him.

May 29th. Had severe chill, followed by low delirium. I saw him June 2nd for the last time. Pulse 84, compressible; temperature 96°. Delirious at times, and very weak. He died on the 3rd.

*Post mortem*, conducted by myself and Dr. Fraser, June 3rd, about twelve hours after death. Extreme emaciation. Subcutaneous fat absent. Omentum dark-green color. Intestines dark-colored, adherent, and semi-gangrenous in appearance. Duodenum and jejunum much enlarged; transverse diameter about three inches. There were adhesions at lower part of the enlargement, but they did not appear sufficient to account for the dilatation. Liver dark-colored and small. Decomposition advanced. Gall bladder shrivelled to a small tube 2½ inches long. Hepatic duct enlarged to diameter of half an inch. As it joined the common duct there was inside of it a small, hard nodule, which, however, allowed fluid to pass. The common duct had a diameter, when spread out, of a little over one inch. At its entrance into the duodenum there was an area of thickened and infiltrated intestine. This infiltrated area was about two inches in diameter each way, compressing and completely