

conjunctiva slightly yellow, urine scanty and urates in abundance ; all of which symptoms usually clear up for the time being with a dose of calomel and salts.

In the great majority of cases of stones in the gall-bladder or bile passages, no symptoms are present, and they are only found post mortem; but when the stone attempts to pass from one part of the bile passage into another in which the lumen of the canal is smaller, marked symptoms will appear. In the cases where the gall stones are quiet and do not move, the patient frequently complains of a sensation of weight and dragging in the hypochondriac region ; change of position of the patient, changes the location of the sensation. The appetite is capricious, attacks of migraine, nausea and vomiting may occur, and altogether the patient is considered to have a "weak stomach." A physical examination in such a case may reveal an enlarged gall-bladder, and also some enlargement of the liver itself can be made out. An alternate increase and diminution in size of the gall-bladder following the increased or decreased secretion of bile is also of diagnostic significance. As soon as the stones begin to move, we have usually a train of well marked and severe symptoms constituting an attack of hepatic or gall-stone colic. Such symptoms, however, are not seen in every case, as the finding of a stone in the stools may be the first intimation that the person is the subject of gall stones, the size of the stone or the condition of the passages being such as to permit of its travelling along without setting up any irritation. The attack of gall-stone colic is ushered in with violent pain ; as a rule this is of sudden onset, but sometimes it comes on gradually, some time elapsing before it becomes severe and localized in the liver region. The pain as a rule begins in the pit of the stomach ; it then spreads to the liver region and radiates over the right half of the thorax and often concentrates over the lower part of the right scapula, and it is said, that if the stone becomes impacted in the common duct, the pain is marked at the lower part of the back of the thorax, close to the vertebral column. The fact that the paroxysm of pain may come on after physical exercise or after eating a hearty meal, or following emotional disturbances, as sorrow or fright or anger, must be borne in mind from a diagnostic standpoint. Physical exercise by succussion may start the stone on its journey ; the increased flow of bile after a meal increases the vis a tergo thus determining an attack. Emotional disturbances no doubt influence the peristaltic action of the bile passage the same as the stomach or intestines. A feeling of sickness or nausea usually accompanies the pain, and this becomes intensified until vomiting takes place ; the vomited matters are first the contents of the