

toms of gall-stones. Her mother had had gall-stones. Because of the general symptoms, and especially the nervous symptoms, I gave it as my opinion that the pain was probably a neurosis, and advised against an operation. Later, gall-stones were passed, and soon the patient was restored to health. The non-hysterical origin of the pain, formerly attributed to the neuroses, is strongly supported by our increased knowledge of headaches. The ophthalmologist has hunted down many of the headaches formerly described as neurasthenic, and within a few years the mysteries and vagaries of sinusitis, giving rise to various forms of headache and neuralgia, to which belongs the headache of early morning, continuing throughout the day, "disappearing as the sun goes down," has deprived hysteria of many accusations.

ABDOMINAL PAIN NOT DUE TO DISEASE BELOW THE DIAPHRAGM.

Speaking to clinicians, it is not necessary to go further than to remind them *seriatim* of the many cases of abdominal pain due to extra-abdominal causes. Thus we have pain due to:

1. Crises of locomotor ataxia and other organic spinal cord diseases.
2. Spôndylitis rhizomaliqûe. A case of this nature was brought to me, considered to be cancer of the liver or kidney. Many cases are referred to in the literature of the subject.
3. Caries of the vertebra.
4. Cancer of the vertebra.
5. Aneurysm of the thoracic aorta, especially located above the diaphragm.
6. Diaphragmatic pleurisy and rheumatism of the diaphragm.

A case that caused much interest was that of a robust man, who had been operated on for hemorrhoids. The man was evidently infected at the time of operation in the field of the operation. Fever and a mild leukocytosis were present. After a cold bath three days later the patient had a chill, severe pain in the lower thoracic and upper abdominal region, tenderness along the diaphragm, dyspnea, and slight cough. No signs of pleurisy could be brought out. When the liver was brought down by a full breath against the palpating hand it excited pain, which suggested a tender liver. There was some myalgia about the shoulders. The fever and leukocytosis persisted. Although the development of multiple abscess of the liver or sub-diaphragmatic infection was suggested, the general picture was that of diaphragmatic pleurisy, or rheumatism, with myalgia