

July 17, 1901. Patient was taken with an acute attack of nausea and vomiting but no pain. As she resided in the country I sent calomel to be given in divided doses, also bismuth subnitrate and oxalate of cerium tablets.

July 18. Patient reported better.

July 19. Vomiting returned and I visited patient for first time. On examination I found some tenderness in epigastric and right hypochondriac region, but the abdominal walls were so thick that no tumor in region of gall-bladder could be detect-



ed—pulse and temp. normal. She was vomiting profusely large quantities of a greenish blue fluid, but had no pain whatever. I gave gastric sedatives, stopped all foods and ordered sips of hot water.

July 20. I found patient better and for the next four days she was allowed milk and soda water, broths of various kinds. She continued to improve but the vomiting recurred about every 24 hours.

July 25, 11 p.m. I saw the patient in consultation with Dr. G. C. T. Ward. She had been seized several hours before by a severe pain in the epigastric region and was vomiting