was asked to see a case of alleged severe indigestion with cramps in a woman who had been delivered four hours previously, and who had nephritis in the latter part of her pregnancy. I warned them of the oncoming of uremic convulsions and coma, which unhappily was too true four hours later.

UREMIA SIMULATING PERFORATING GASTRIC ULCER.

In my service of 1902, in the University Hospital, a patient was under my care for well-defined syphilis and nephritis. She had some epigastric pain, constant vomiting, and hematemesis. For reasons a gastric analysis was not made, but the vomitus did not give signs of any definite organic disease. On one occasion, while vomiting was temporarily arrested, sudden pain and shock ensued. The temperature fell to 96 degrees and the pulse rose. I was informed perforation had taken place. Professor Frazier saw her with me a few hours later. As the toxic features of uremia appeared to be increasing, operation was deferred. Temporary recovery from the uremia took place, but death followed within a month.

At the autopsy a marked chronic gastritis, with ecchymosis and abrasions of the mucous membrane, were found, but no ulceration of the stomach. The patient narrowly escaped operation.

The next patient was not so fortunate. I saw him on an afternoon, with well-defined uremia. He suffered very much from abdominal pain. He had an inguinal hernia. I sent him to the hospital, and asked that a surgeon see him to discuss with me the relation, if any, of the hernia to the pain and vomiting. We were prevented conjoint attendance upon the case, and the surgeon, thinking I had sent him in for operation, performed it without delay. Neither incarceration nor strangulation were found, and later the autopsy showed that pain could not be accounted for by any abdominal conditions. It was evidently toxic.

Hysteria and the Neuroses.—I mention these states for the purpose of disclaiming against the accepted ideas of the frequency of abdominal pain of such origin. Too often we take refuge under the cloak of hysteria; too often such diagnosis is a confession that we are ignorant of the true cause of suffering. As our experience increases I am sure we can "run down" these so-called neuroses. The more I learn of abdominal disease, the less I see of hysteria. Not many years ago I saw a seemingly well-defined case of hysteria. The patient had great pain in the region of the liver and the right shoulder, and ill-defined symp-