

The ulcer was examined microscopically by Dr. Ritchie, who has kindly provided us with the slides we have this evening.

The treatment consisted in, at first, the use of remedies said to be of service in dyspepsia and constipation, afterwards opiates internally, as well as many anodyne applications. Of the latter, the best one, was a mixture of 7 parts of Lin Bellad., and 1 part of Chloroform, sprinkled on spongiopiline. The last ten weeks of her illness, she was fed almost entirely by the rectum.

A few remarks on the diagnosis of this case. As you perceive, the early symptoms were misleading. From their persistence and from the progressive cachexia, one was forced into the conviction that there was malignant disease in some part of the alimentary canal. But in what part? Examining the symptoms one by one we shall find that scarcely any of them point to the stomach.

1. Pain was not of its usual character, nor did it occupy its usual site. Only at times severe, it was absent during the latter part of the patient's illness.

Habershon regards pain in such cases as being due to exposure of the vagus to the irritating contents of the stomach. The pain ceases when the branches are divided by the progress of the disease.

2. Vomiting, though occasionally present, was never urgent.
3. Hæmatemesis was entirely absent.
4. No tumour could be felt.

The probabilities of the disease being in the colon were very great.

1. The colon is a favorite site.
2. Typanites was an urgent symptom, inclining one to think that there was some obstruction in the course of the gut.
3. Pain was complained of in the left hypochondrium, and in the left lumbar region.
4. There was obstinate constipation. The bowels were emptied about every 4th or 5th day, by an enema of soap and water. This day was looked forward to with dread. Great relief followed the removal of an accumulation of fæces.