

of the human organism, as free as it is now trammelled, that will produce not a body, not a soul, but a man educated for manhood, a woman educated for womanhood, and both for humanity.

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AN OBSCURE CASE OF ABDOMINAL PAIN COMPLI- CATED WITH MORPHIA-EATING.

In the search for the truth in obscure and uncertain cases, I think that far too little importance and emphasis is placed on the "facies" of a patient by the rank and file of physicians. The face if rightly read may be an open answer to many an otherwise unsolved puzzle. We can learn much from a man's expression if we will but look. For example, here is a man whose face which at once attracts and interests me, will prove a clue, I think, towards the solution of his hitherto unexplained case. We are told that he has been unable to work for nine years and for the major part of that time has been in bed, owing to an illness which has lasted that period. But his com-
plaisant, contemplative, half-contemptuous look is not that of a man worn out by chronic disease. In the first place there are not many chronic troubles which last ten years; and when they do, they make their marks as they go along. The patient is slowly broken down; piece by piece, his strength, his courage, and those properties which go to make up what we call "self" are slowly sapped. This man's face does not present such a story; it is rather the face of a man who has been accustomed to see his case baffle his doctors, without experiencing the depressing influences of an organic trouble. Then again, he tells a different story from that which a chronic case would relate. Let us hear it. At the outset, nine years ago, he began to experience paroxysmal attacks of pain in the upper zone of his abdomen. These pains grew worse through the attacks until they were somewhat relieved by spells of vomiting. Later the pain became more or less constant, with these occasional exacerbations. The matters vomited were very offensive, liquid, blackish in color, but as far as I can determine not known by microscopic examination to be blood or bile. The pain he says, ran across his body from the left just below

the edge of his ribs and was of such a sharply-defined nature as to make him suspect that some animal was darting to and fro. His skin at the same time, seemed to be hyperæsthetic with this, occasionally, he had periods when he suffered from retention of urine; from the account it would appear that the catheter did not carry off the water until the bladder-walls were stimulated to action by outside irritation such as punching or kneading.

He went into a hospital after being under treatment for two years outside without relief. Here to quiet his intense paroxysmal pain, he was given morphia; this practice was kept up for eighteen months until he was in the habit of taking five grains hypodermically in the twenty-four hours. Since dismissal, he again experiences the pain though less intensely, and has reduced his morphia taking. As he lies here to-day he tells us, he is here to do or die, that he is willing to undergo any operation or course of treatment however rigorous if he is only relieved. As we approach this case, let us first endeavor to analyze the course of his trouble. We seem to have three stages: first, the developing disease, second a morphia-eater; and third, a decrease of morphia taking with a recurrence of the original pain, for he confesses to the occasional use of that drug, which after careful examination we find is taken pretty regularly during the day.

It has always been my experience that when morphia has been given for any length of time for the relief of pain that there occurs a mimicry of the disease on the gradual withdrawal of that drug; a simulation of the original aches and pains which imitate the real complaint so cunningly that it is often difficult or impossible to decide their true source. We will remember this element when we reach the history of the trouble again. The fact complicates an originally obscure case.

It was not nephritic colic; here the pain is anterior in the renal region along the course of the urethra, and the passage of a calculus is common. Vomiting is common but the case is clearly not of this sort. Neither is it hepatic; true it is abdominal, but there never has been jaundice or gall-stones found after careful search. This reduces it to gastralgia or enteralgia. The position of the pain, and the other signs all point to the stomach as the original seat of trouble. This was true pro-