

the evidence carefully, we are forced to the conclusion that the biliary tract is the seat of the trouble, and gall-stones the cause.

Outcome.—On September 7th laparotomy revealed a normal gall-bladder and biliary tract. A large partly-healed duodenal ulcer one inch beyond the pylorus was present, and its cicatrix had so contracted as to narrow the lumen of the bowel at this point to the size of an ordinary lead pencil. The stomach was greatly dilated. Posterior gastro-enterostomy afforded complete relief.

Case No. 1116.	SEVEN.	Date, Feb. 17, 1914.
Mr. F. W. _____		Address, J. _____
Age, 26. Civil State, single.		Nativity, Canadian.

CLINICAL HISTORY.

Mr. F. W. _____, of J. _____, age 26. On February 17th. I saw with his physician, this young man, who was evidently very ill. On first sight his appearance was striking. His face was pale and his expression anxious. His eyes seemed to pierce you through, as though to divine your opinion. There was a nervous twitching of the mouth and eyelids, and his hands twitched restlessly on the white counterpane.

His previous history is short. He had been ill but three months, before which time his health had been the best. Just three months before my seeing him, while driving in a buggy, his horse having become frightened and unmanageable, had run away, throwing him heavily to the side of the road, where, on falling, he struck his abdomen on a large stone. From that moment he was never free from pain at a point just above the umbilicus. He continued to work for another month, though oftentimes complaining much of severe epigastric pain. One month after the accident a distinct lump was discovered just above the umbilicus, which on pressure was tender. It was apparently smooth and rounded. His temperature when taken at that time was 100.1-5, and pulse 88. There were no chills, and the fever appeared to be transient, for on several consecutive days thereafter it was never found to be normal.

Two weeks after the discovery of the lump, or six weeks after the accident, he was compelled to take to his bed on account of the constant pain when he walked around. His temperature was now running about 100 F. in the morning and 101 degrees at night. The mass steadily increased in size and tenderness, and general abdominal distention began slowly to appear.

At the time of my seeing him careful physical examination revealed a distended tympanitic and tender abdomen. A distinct mass could be clearly felt just above the umbilicus. It was very tender to the touch, but not nodular. Examination of the chest revealed nothing. Urin-