affirmed that he had no cough. The examination of the lungs at first revealed no changes regarded as indicating diseased conditions beyond those of slight emphysema. The abdomen was flat with the bony parts in the boundaries standing plainly out. The walls were rigid and palpation was difficult. The rigidity was most marked over the right upper quadrant, into which it was impossible to make any impression. But a trace of free hydrochloric acid was found in the gastric contents, 28 cc. of which were removed after a test breakfast. There was no lactic acid. On withdrawing the stomach tube, some yellowish phlegm was found adhering to it. This was found to contain tubercle bacilli in scant numbers, and search for them in the sputum subsequently expectorated yielded corroborative evidence of their presence. Upon what had hitherto appeared to be a case of much obscurity, some light was thus cast, yet the course of the case did not justify the view that one was dealing with a case of chronic pulmonary tuberculosis in a lung somewhat emphysematous, although moist sounds were distinctly heard in the lower lobe of the left lung in September. He spat a little blood in October. The patient was never febrile until the end was at hand. Indeed his temperature was usually subnormal. The pulse was always slow, rarely going beyond 54 per minute. Positive physical signs did not develop in the chest during the remaining months of the patient's life.

The early part of the summer was spent in the city and in July he went into the mountains with some improvement, gaining several pounds in weight. He was able to walk about and seemed altogether less nervous. He returned to the city in the last of August with a distressing diarrhœa, which greatly debilitated him. After gaining again during September, he began to fail towards the end of October and, despite every effort to sustain him, he continued to lose flesh and strength, complaining of the distress in his stomach and of weakness. He never ate without protest repeatedly saying, even after partaking of but an ounce of the blandest fluid, "My stomach is so full." "I am so distressed;" yet he never vomited. Often towards the end of his illness he became intensely irritable and excitable. He died on the first of March after a few hours of slight fever and increased respiratory rate.

Throughout, the diagnosis was difficult and nothing seemed more definite than that of a chronic pulmonary tuberculosis based upon the sputum examination. Yet, as has been already noted, strong corroborative evidence in physical signs was wanting. This diagnosis did not serve to explain the symptoms referred to the gastric region. Cancer of the stomach was considered as well as ulcer of the stomach,