

immediately gives relief. In the present instance this condition is marked.

Visible peristalsis is a frequent symptom in chronic obstruction of the intestine. Should the stenosis be low in the bowel, though not necessarily low in the abdomen, these peristaltic waves are quite visible. When present they are always accompanied by colicky pains. In the case of this young woman they were not discernable.

Abdominal distention to a greater or lesser degree is almost invariably present. It depends entirely upon the location and degree of the constriction. In the present instance the abdomen was soft, and at no time was it ever distended.

We have here the presence of constipation alternating with diarrhoea, of visible peristalsis, of tympanites. There has never been either blood or pus in the stools. There has been no loss of weight, and, furthermore, there is no history of syphilis or tuberculosis, two common diseases likely to produce such a stenosis. We have only the severe, intense pain relieved by vomiting, and although in itself very typical of stenosis, we must in the absence of at least some of the foregoing symptoms, look elsewhere for the seat of the trouble.

Pancreatic disease need only be mentioned to be passed by. Although the character of this pain would simulate exactly that produced by a chronic pancreatitis, yet there is wanting some of the most vital symptoms, such as wasting, jaundice, the typical ague-like seizures, etc. There is evidently no lesion of the pancreas.

Is this lesion in the stomach? Is it gastric or duodenal ulcer? The history of the case is not typical of ulcer. This woman would go for weeks enjoying the best of health, eating anything and everything with absolutely no discomfort. Food did not produce pain. The pain she suffered was apparently in no way related to the partaking of food. During all these years there had never been any hæmatemesis, there had never been any tarry stools. The pain was not of the character produced by ulcer, it was more intense, sharp and lancinating. Vomiting gave immediate relief, when she could at once eat anything without the recurrence of the pain. The picture is not that of ulcer.

With the exception of the loss of weight we would naturally expect to find with gall-stones producing as much trouble as here experienced, this is a picture we would likely see produced by cholelithiasis. She has the typical gall-stone colic, the intense pain shooting from the epigastrium straight through to the back. Like gall-stone colic, it has no relation to food. Like gall-stone colic, it appears suddenly, without warning, and leaves just as abruptly. Like gall-stone colic, too, it usually passes off with a free attack of emesis. After weighing and sifting