

long been recognized as an accompaniment of ulcer, and in its direct relationship to this lesion has been the theme of many able discussions. It is an interesting fact to note, however, that in many cases of supposed hyperacidity or "acid dyspepsia," where intensely acid matter is vomited, that a test meal will reveal a normal or even subnormal amount of free H.C.L. Whether hyperchlorhydria is the cause or the result of ulcer has long been a moot question, but as more of these cases are being constantly submitted to operation, and a clearly-defined and tangible ulcer is being found in every instance, the weight of proof is fast accumulating to show that this supposed "hyperacidity" is the result and not the cause of ulcer. This has been demonstrated many times. A recent case is of particular interest:

On September 21st, 1910, Mr. W. H. F—— consulted me in regard to an intense "acid dyspepsia," which had made him almost an invalid for the past five years. The illness commenced mildly, and the pain and vomiting was considered as reflex from a chronic appendix. This supposedly offending organ had been removed, no improvement following. The attacks began to multiply, and as each succeeding one became more severe he began to lose in weight, which, when I saw him, had decreased from 165 to 128 pounds. An attack lasting a month would come on every six weeks, thus leaving him only a short time in which to recuperate. Every meal was invariably followed by vomiting of intensely acid, acrid material.

In obtaining a careful history of the case from the beginning it presented a typical clinical picture of ulcer at the pylorus. This hyperacidity had been a late complication.

Five days afterward, on September 26th, I opened the abdomen and demonstrated a cicatricial contraction of the pylorus, due to an old ulcer. The stomach was considerably dilated. Posterior gastro-enterostomy was done by the suture method. An uninterrupted recovery ensued, his vomiting ceased, his "acid dyspepsia" disappeared, and in one month he was enjoying the best of health, eating everything without that dread and fear to which he had been accustomed, and was rapidly regaining his lost weight. His hyperchlorhydria had undoubtedly been the result, and not the cause, of his ulcer. Moynihan has indeed gone so far as to assert that chronic recurrent or protracted hyperchlorhydria is ulcer.

HEMORRHAGE.—Hemorrhage, as made manifest by hematemesis or melaena, should never be considered a symptom, but rather a late complication of ulcer. In at least 80 per cent. of all cases a diagnosis should be made before the ulceration has progressed to such a stage as to open a