

From the above figures it was evident that the patient was suffering from acid fermentation. This, in fact, was the only pathological condition present. Physical examination showed dilatation of the stomach, which was doubtless the cause of the acid fermentation, from the food being too long retained in the stomach.

Lavage was ordered daily; an antiseptic diet was prescribed, together with lavage and other measures in accordance with the plan we have outlined; and the result was that the patient's attacks ceased almost immediately. Only one or two slight ones occurred after the beginning of the treatment, and these were quickly checked by the administration of lavage. The patient made an excellent recovery, although it has been necessary for her to continue the use of the stomach tube at intervals, as the result of digressions in diet, as she has marked dilatation of the stomach and extreme enteroptosis.

The second examination of the stomach fluid, made seventeen days after the first, gave the following result:

Total acidity.....	.260
Total chlorine.....	.372
Free HCl.....	.012
Combined chlorine.....	.202
Coefficient.....	.840
Acidity due to the normal elements.....	.268

This analysis shows a very close approach to the normal condition. The normal coefficient being .86, it is evident that the acid fermentation has been suppressed, and the chemical test showed lactic acid to be absent.

The free HCl. is diminished, but this is more than compensated for in the increased amount of combined chlorine. The figures show a slight degree of hyperpepsia, but this is due to the increase in combined chlorine rather than to an excessive amount of free HCl.; and as the product is normal in character, as shown by the practically normal coefficient, the condition could scarcely be considered as pathological, but rather as an exaggerated normal state—what might be termed a physiological hyperpepsia, the result of which was a rapid gain of blood and tissue change.