

bismuth subnitrate and codeine phosphate, an icebag to be applied to the epigastrium, and to be nourished by nutrient enemata. After the hemorrhage on the 29th Jan. the bismuth mixture was discontinued and when the haematemesis again recurred on 2nd Feb. everything was withheld from the stomach. This form of treatment was continued for one week when she was allowed a teaspoonful of peptonized milk every two hours by the mouth. The food—peptonized milk, Wemalta and Allenbury's No. 3—by the mouth was gradually increased and a corresponding decrease was made in the nutrient enemata and finally all the nourishment was given by the mouth on Feb. 20th. The patient has at present (March 1st) no gastric distress and only slight eructations of gas.

Gastric ulcer is usually complicated by hyperacidity. In this case the hyperacidity appeared to have preceded the ulcer, but in many cases no such history is obtained.

CASE 4.—J. J., aged 23, consulted me on Feb. 11th, 1901, on account of heaviness and pain after eating, headache, and general lassitude. Family history negative. Patient had good health until 20 years of age, when he suffered for six months from the same symptoms on account of which he now sought advice. He recovered from this attack and had good health until last summer, when he began again to suffer from the same symptoms. The subjective symptoms are flatulency, heaviness after eating, headache, constipation, and occasionally pain after eating. The symptoms are always more marked after a large meal. The headache was always more marked after a large meal or after eating fruit. The appetite was good.

Analysis of the gastric contents after a test breakfast gave the following result:—Quantity 4 ounces; mucus normal; total free HCl 32; total acidity, 70.

The stomach was distended with air and found to be dilated. The water test showed diminished motility, and the splashing sound was readily made out beyond the normal limits.

DIAGNOSIS.—Atonic dilatation with hydrochloric superacidity.

TREATMENT.—A capsule containing ext. nux. vom., ext. belladonae., ext. cascara sag. and resorcin before each meal and a bland concentrated diet. The meals were to be taken as far apart as possible. The patient found that he was able to digest his food best when he ate a very light lunch.

Under this treatment the distress after eating quickly disappeared, but he still occasionally suffers from the pain in the head.

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