widely in their causation, yet they go by the general name of gastralgia, though it is not always certain whether their seat is in the stomach or not. They have, in common with hepatic colic, the suddenness and severity of onset, and often the vomiting and nausea as well. In one case of a medical friend of mine I diagnosticated the attacks as malarial. They were extremely severe, but as they were distinctly periodical, I prescribed drachm doses of the fluid extract of ergot, which promptly relieved him after quinine had wholly failed. Hemmeter speaks of these malarial gastralgias as of frequent occurrence among fishermen and sportsmen who spend much time on the shores of the Chesapeake Bay in Maryland, and I had a patient who often went duck-shooting in that region attacked with similar symptoms. In another instance, a physician consulted me recently for severe attacks of pain in the hepatic region, which began about the middle of last August, coming on about 5 p.m. and lasting through the night, with great prostration and vomiting, his pulse dropping down from 60 to 40. These pains occurring every other night for about three weeks, he then consulted me and I recommended him to have his blood examined, which was done, and the *Plasmodium malariae* was found abundantly present. I prescribed ergot, and at first it arrested his tertian nocturnal pains completely, but afterward they recurred, whereupon I prescribed paregoric with quinine.*

He then passed an interval of a week without any pain, but at the end of that time he had a very severe attack, with paroxysmal pains and a temperature of 101 to 102 degrees F., accompanied with white scybalous passages. These pains I diagnosticated as due to gall-stone, and put him on my treatment for the same, after which he soon recovered, and he writes to me that for the past two weeks he had been in excellent health. Now, here we seem to have had both malarial "gastralgia" and gall-stone colic in succession, the clinical distinction between them being definite periodic tendency of onset in the former and not in the latter.

Some cases of gastralgia are very obscure as to their origin and nature, but I fully agree with Hemmeter that the diagnosis of "idiopathic" gastralgia is not to be made until the most careful examination fails to find some organic lesion existing, such as gastric ulcer, gastritis, hyperacidity, omental hernia, and the like. The commonest organic change to cause such pains is some form of cicatricial adhesion of the stomach or duodenum to surrounding parts, set up in the first instance by a perigastritis following

* See my article on "The Treatment of Cuban Malarial Fever with Camphorated Tincture of Opium."