

ploration of the stomach and duodenum revealed no lesion, surgery was helpless. Since the discovery of the role of cholelithiasis and appendicular disease in the causation of gastric disturbances, the true nature of many cases, hitherto obscure, has been cleared up. Now the brilliant work of Sir Arbuthnot Lane has thrown further light in dark places, and it is now clear that in many cases hitherto obscure the *fons et origo mali* is intestinal toxemia. This condition accounts for a considerable proportion of the 15 per cent. of cases to which I have alluded, so that at the present day the proportion of cases is small in which there is not a definite, ascertainable cause for persistent gastric symptoms.

It is a matter for wonder why so limited a use is made of gastric analysis in the investigation of gastric disease. Is it not true that a practitioner will treat for weeks or months a patient suffering from gastric trouble without the slightest knowledge of the condition of affairs within the stomach. He does not know whether there is an increase or a decrease of the gastric acidity, whether or not there is bleeding, whether the evacuation of the stomach is hastened or delayed, whether or not the peptic activity of the gastric glands is impaired. Under such circumstances how can treatment be otherwise than purely empirical. Would any practitioner prescribe spectacles merely after listening to a recital of the patient's symptoms? Why should the stomach be treated with less courtesy than the eyes? I would say emphatically that the stomach tube should be part of the routine of gastric diagnosis. At the same time I would point out that gastric analysis has its limitations. Laboratory investigations are an aid, not a substitute, for clinical work. No diagnosis should be based solely on a chemical examination, but if the results be interpreted in the light of the clinical history, investigation of the motor activity and of the gastric secretions is a great help.

In gastric work, at any rate, the surgeon must be a clinician as well as skilled in handicraft. The surgeon is not a mere carpenter to perform a task outlined by others. He himself should make his own diagnosis and form his own judgment as to the advisability or otherwise of operative treatment. He should carry out his own laboratory investigations, for it is only by so doing that he can gain the knowledge to enable him to make the best use of what chemical pathology can teach. The surgeon should be a physician who has developed his brain so that it reaches to his finger tips. It is impossible to lay down hard and fast rules as to the relation of the different lesions found to the chemical alteration of the gastric contents. With