

Here we have a young man, coming from a remarkably healthy family, living in a healthy district, who, six years ago, had an attack of pain in the bowels, with obstruction and fever lasting a week, leaving behind it, so far as we can determine, no organic change. Then his digestion fails. He takes care of himself, he consults physicians and regulates his diet, but fails to get relief. He then leaves his native country, Ireland, and comes to America, where he pursues a healthy occupation and still goes down more or less rapidly until he reaches a degree of emaciation and anæmia which is remarkable. While it is true that each drop of this man's blood contains almost as many red blood globules as it should, it is also true that he is very far from having as many drops of blood in his body as he ought to have. While he has not what might be called qualitative anæmia, he has a high degree of quantitative anæmia. The composition of this man's blood is fairly good. It is 20 per cent. off in red globules and 40 per cent. in hæmoglobin, but I should think that it is more than 50 per cent. off in the quantity. Not only that, but during the past three years there has been almost constant vomiting. During this time he has gone as long as a month without vomiting, and then he has for weeks, in succession, vomited every day, in spite of medical treatment and regulation of the diet.

The first thing that would be suggested by a case of this kind is grave organic diseases. Has he not some malignant disease? The patient has not reached the age at which malignant disease, as a rule, appears. His good family is against it although this joint is not of much diagnostic value. The case has lasted a long time for a case of cancer. It has lasted six years, and for three years has been quite pronounced. The trouble appears to have begun with an acute inflammatory attack, whereas malignant disease begins insidiously. Careful examination has failed to reveal the presence of any tumor or hardness. While the man is very pale, he does not present the cachexia usually found in advanced cancer. Cachexia is, however, so uncertain that it is not of very great diagnostic value. It is valuable when present, but its absence means little or nothing. The matters vomited have consisted chiefly of partially-digested food. The man has never vomited blood. The obstruction of the bowels has not been as great as we should expect to find it where there was cancer of the stomach, causing as frequent vomiting as this man has presented. Usually, there has not been much pain. These symptoms are all against the idea of cancer of the stomach, and the direct physical examination fails to show any hardening or thickening whatsoever, with the exception of this little body, the size of a cherry, which may be a little mass of hardened fæces, or a hardened mesenteric gland. We may, therefore, dismiss the idea of cancer.

We should, in the second place, naturally think of simple ulcer of the stomach. In regard to

that, we cannot be so certain as in regard to the existence of cancer. We cannot assert that this man has not had ulcer of the stomach. This affection occurs, by preference, in young people, and in cases that are anæmic and debilitated, as this man has been. It causes frequent vomiting, but does not produce obstinate obstruction of the bowels; but in ulcer of the stomach there is nearly always considerable pain and this pain is increased by the ingestion of food and by pressure. There is tenderness over the ulcerated spot. The pain and tenderness are often more marked in simple ulcer than they are in cancer. This man has no tenderness, and there has been a marked absence of pain. In the course of ulcer of the stomach, where the vomiting is as frequent as it has been in this instance, some blood is very apt to be brought up. None has been vomited at any time by this man. While, therefore, we cannot assert positively that ulcer of the stomach is not present, yet the symptoms do not point strongly in that direction.

What other condition would explain such long-continued and serious gastric disease? Chronic catarrhal inflammation of the mucous membrane of the stomach would account for it. This is far more common than either cancer or ulcer of the stomach—in fact, it is among the most common affections. It is true that it is usually met with in its milder forms, which we speak of as catarrhal dyspepsia, but it is also true that when chronic catarrhal gastritis is present in a marked form, it produces very grave symptoms indeed. The constant irritation of the stomach, and the resulting weakness of the stomach walls, induces relaxation and tendency to dilatation of the organ, not so certain as where there is mechanical obstruction of the pylorus; but relaxation and dilatation of the stomach is a very common result of chronic gastritis. If the case has lasted a long time, the degree of dilatation may be enormous. At the same time, it is to be noted that the dilatation of the organ, and the interference with its normal secretion, prevents the proper digestion of the food, which undergoes fermentation with the development of gas. The stomach then becomes irritated, and vomiting of partially digested food follows. If the case is one where a good deal of nervous irritation is caused, the stomach becomes sensitive; then the vomiting may become extremely frequent. In other cases, where the stomach is not so irritable, the partially-digested food is passed into the bowel, leading to irritation, flatulency and diarrhoea. The man has had a good deal of vomiting, but not much diarrhoea. The inevitable result of the irritation of the stomach and interference with digestion is loss of flesh, strength and color, until finally the patient reaches a high degree of emaciation, debility and anæmia.

The case is one of extreme chronic catarrh of the stomach, with a high degree of dilatation of that organ. There is one condition which, of late