

year she began to suffer from pain after eating. The pain would usually come on about 4 p.m., and would continue until she ate her tea, when it would be relieved for about two hours. It would then commence again and continue until midnight. The pain was very severe at times. There was neither nausea nor vomiting, but if she could make herself vomit the pain would stop. The patient also complained of flatulency, belching, heartburn and constipation. The tongue was slightly furred. The appetite was fair.

I gave her a test breakfast and analyzed the gastric contents with results as follows: quantity expressed, three ounces; mucus about normal; total free HCl, 42; total acidity, 78.

On inflating the stomach with air the lesser curvature was found to be lower than normal, and the greater curvature passed across the abdomen about two inches below the umbilicus.

TREATMENT:—Abdominal bandage; bland diet, such as recommended in hyperchlorhydria, to be taken in three meals a day as far apart as possible; a mixture of bismuth carb., tinct. belladonae, tinct. nux. vom. and arom. fl. ext. cascara sagrad. before meals.

Under this treatment the patient rapidly improved and at the present date is quite free from pain after meals.

In this case I believe that the hyperacidity was due to the stagnation of food. The application of the bandage was no doubt the principal factor in affecting a cure.

CASE 3. Ulcer of Stomach preceded by symptoms which usually indicate hyperacidity.—M. C., aged 24, female, patient of Dr. Geo. Balmer, Toronto. I saw her in consultation on Feb. 1st, 1901. Patient had measles in childhood, otherwise had good health until she was 14 years of age. During the following year she began to eat cloves, and suffered a good deal of pain in the stomach while doing so. After two months the pain became so severe that she gave up the habit, and her stomach gave her no further trouble for some years.

At the age of 19 years she began to suffer from hiccoughs and eructations of gas, which would come on about an hour after eating, and last as a rule about half an hour. These symptoms continued for about two years, when she began to have pain in the region of the stomach after eating. The pain would usually come on about an hour after eating and continue an hour. It would frequently radiate to the left shoulder. The pain was always worse after eating salt pork, tough beef, pickles, onions, etc. She did not suffer nearly so much after eating farinaceous foods such as bread, porridge, etc. She did not vomit until Jan., 1900. During that month she was travelling to Winnipeg and vomited and retched for five days. Since then she had no further vomiting until hemorrhage took place on Jan. 26th, 1901, but she suffered more or less from pain after eating.

On Jan. 23rd, 1901, the epigastric pain became much more severe, and on the 26th Jan. she vomited blood. The hemorrhage recurred on the 29th Jan. and again on the 2nd Feb. Since the last hemorrhage the patient has gradually improved.

TREATMENT.—Dr. Balmer saw the patient for the first time on Jan. 26th, and ordered her a hypodermic of morphine sulphate, a mixture of