enterostomy in this case, with the result, that in the course of a few months after the operation the patient gained over 20 lbs. He lived ten months after the operation.

When the dilatation of the stomach is due to atony of the muscular wall, occurring either as a primary neurosis or accompanying chronic gastric catarrh, not only are the symptoms relieved by lavage of the stomach, but a positive cure is frequently brought about. In this class of cases, more, perhaps, than any other, this method of treatment finds its most useful employment. In the case of Mrs. H., already referred to under chronic gastric catarrh, there was also considerable dilatation of the stomach. This has quite disappeared since she began regular lavage of the stomach.

The stomach-tube will frequently enable us to distinguish dilatation of the stomach due to atony, from the same condition due to cancer. In the former condition, marked and permanent relief usually follows the daily use of the tube; in the latter, the most that can be hoped for, is relief of the disagreeable symptoms. The following case will serve to illustrate this.

D. S., æt. 44, was admitted to the London General Hospital, on January 8, 1895. He complained of gastric symptoms for several months before his admission to the hospital. When admitted he had pain in the epigastrium, increased by taking nourishment, vomiting, which partially relieved the pain and constipation. Repeated examinations of the urine gave a negative result. All other organs were quite normal. An examination of the stomach-contents, one hour after a test-breakfast, showed the presence of free H Ul, the absence of lactic acid, and the presence of peptone. The absorptive energy of the stomach, as well as its motor power, were delayed. I looked upon this as a case of dilatation of the stomach, due to chronic gastric catarrh. The patient was kept quiet in bed, ordered milk in small quantities frequently repeated, and given a mixture containing sodium bicarb., cascara and columba. At the end of a week he felt much improved. Thinking to hasten the improvement, I ordered his stomach to be washed out daily. This caused such discomfort that, after a few days, it had to be abandoned, and at the same time I abandoned my diagnosis and considered the case to be one of

was further confirmed by the fact that, while in hospital, the patient lost flesh very rapidly. As this patient left the hospital after a few weeks, I am unable to report his condition at the present time.

The stomach-tube is strongly recommended in chronic obstruction of the bowels and in the summer diarrhæa of children. I have never used it in either of these conditions, but I can easily understand that it will give relief in both. Of its use in the former, Dr. Martin, in Hare's Therapeutics, says: "It mechanically removes a large quantity of putrid septic matter, which otherwise would be slowly and laboriously regurgitated by violent muscular efforts, thus still further weakening an already debilitated patient. It assists nature in her eliminative efforts, and, almost without exception, produces an immediate improvement in the patient's condition.

## THE DIAGNOSIS OF PREGNANCY DUR-ING THE FIRST THREE MONTHS.

## BY CHARLES P. NOBLE, M.D.,

Lecturer in Gynæcology, Philadelphia Polyclinic; Sur-geon-in-Chief of the Kensington Hospital for Women.

It is a current belief among the profession, which is supported by the anthority of obstetical text-books, that the diagnosis of pregnancy during the first three months is difficult or impossible. It is the purpose of this communication to combat this teaching. In my judgment, a practitioner skilful in making the bimanual examination will be able, ninety-nine times out of a hundred, in cases of suspected pregnancy, between the sixth and twelfth weeks, to definitely determine whether or not pregnancy exists. This statement is based upon ten years' experience. During this time a very large number of such cases have come under observation. My opportunities for seeing cases of early pregnancy have been unusual. During the first five years of my practice I was connected with the dispensary of the Philadelphia Lying in Charity, where at that time large numbers of women (mostly illegitimately pregnant) came for the purpose of ascertaining whether or not they were pregnant. Thus my attention was early called to the critical study of this subject. Durmalignant disease of the stomach. This opinion | ing the past five years I have seen the usual num-