

acid to the same extent that a meat diet will. Fruit, pickles, coarse vegetables, sugars, and spirits should not as a rule be allowed.

The medicinal treatment is more or less alike in all cases of hyperacidity. Ext. belladonae, ext. cannabis indicae, bismuth carbonat, ext. cocæ, are all useful sedatives to the mucous membrane of the stomach. Taka diastase may be used with advantage in many cases as it assists in the digestion of starchy foods. Sodium bicarbonate and calcined magnesia are generally required to neutralize the excess of acid. Strychnine and hydrastine are the drugs to be depended upon in cases of atony. Conheim, of Berlin, recommends the administration of olive oil in cases of spasm and obstruction of pylorus. I have used it in two cases with apparent advantage in chronic ulceration with symptoms of pyloric obstruction. Bitters, acids, pepsine and irritating cathartics are contra-indicated.

CASE 1, HYPERCHLORHYDRIA.—A. T., aged 22, female, single, consulted me in August, 1900, on account of pain after eating. She stated that she had suffered for three weeks, and previous to that date had always good health. She had always been very regular with her meals and as a rule had eaten plain food. She was very fond of fruit and had eaten freely of it during the summer months. The pain for which she sought advice began about an hour after eating and lasted as a rule from one to four hours. Occasionally the pain would continue to the following meal, when it would be relieved for a time. She stated that baking soda would always relieve it for a short time. Her appetite was good and her bowels were constipated. She did not complain of belching, heartburn, flutulency, nausea or vomiting. I gave her a test breakfast and analysed the gastric contents with the following result: quantity, one ounce; mucus, about normal; total free HCl, 34; total acidity, 78. Lugol's solution gave marked violet color.

The position of the stomach was found to be normal.

DIAGNOSIS:—Hyperchlorhydria.

TREATMENT:—Diet: white bread, butter, milk, strained gruels, well cooked cereals, scraped meat, tender meats. Fruits, pickles, coarse vegetables were strictly prohibited.

Medicinal treatment consisted in the administration of a large dose of bismuth subnitrate every morning, a capsule containing ext. belladonae, ext. cannabis indicae, ext. cocæ and taka diastase during each meal, and two teaspoonfuls of calcined magnesia an hour after each meal. The bowels were regulated by solid ext. cascara.

Under this treatment she rapidly improved, and in a fortnight was able to digest an ordinary meal without discomfort.

In this case it was quite clear that the excessive secretion was due to increased functional activity of glands, and that there was probably no proliferation of the glandular elements.

CASE 2, GASTROPTOSIS WITH HYDROCHLORIC SUPERACIDITY.—Mrs. K., aged 35, mother of one child, consulted me on Feb. 1st, 1900, on account of pain after eating, and weakness. Her health had been poor for about eight years. She had been treated for prolapse of the uterus, inflammation of the ovaries, and hæmorrhoids. About the beginning of this