circulation in the capillaries, and venous stasis, with increased arterial pressure, results. This blocks the glands and vessels of the stomach, leading to loss of muscular tone and insufficient secretion and motility, with acid fermentation and putrefaction. This condition he calls acid auto-intoxication due to collemia.

Van Valzah and Nesbit, in their work, "Diseases of the Stomach," state that the special gastric trouble which accompanies a uricacidemia is myasthenia gastrica, with either a hyper- or hypochlorhydria, plus fermentation. If hypochlorhydria and fermentation are present, you have a vicious circle established, for the secondary gastric trouble favors the retention of uric acid in the blood.

Ebstein and His make the statement that the toxic properties of uric acid directly cause digestive disturbances.

An important and often difficult question to determine is when the stomach trouble has been caused by, or depends upon, a retention of uric acid in the blood. We have often to depend, rather, on the accompanying symptoms than on its own. For instance, we have a history of periodical headaches, of a migraine type; mental depression; irritable temper; drowsiness; scanty, high-colored urine, with many pink urates or crystals of uric acid, and even renal or vesical calculi—perhaps a history of asthma, myalgia, or other rheumatic manifestations. With this history, the patient will complain of considerable eructation, heartburn, epigastric oppression and distention, furred tongue, etc., and it is these gastric symptoms that generally bring him to us. Now we find that this train of symptoms is nearly always relieved or improved by diet and drugs that free the blood of uric acid, and also may be made decidedly worse by the administration of uric acid in any form. With such a history it is strong presumption that collemia is at least one of its causes and continuances.

Very often the gastric phenomena blanket the accompanying more important ones, and to illustrate this I will briefly cite a case in point:—

A lady, 35 years of age, was referred to me in August, 1908. She stated that she had been under treatment for stomach trouble for the last four or five years. Her chief complaints were constant belching of gas, pain in left hypochondrium referred to the back, some oppression and distention of epigastrium, considerable, gastroptosis, analysis of gastric contents showed hyperchlorhydria. She had a good appetite throughout. Accompanying these symptoms and signs were marked mental depression.