

vomited a little blood. The vomiting had increased so much that for the last two months it had been almost continuous, being excited by the ingestion of food. She knew of no cause for her ailment. She had been from the first under medical care, but had derived no benefit. Almost all the remedies in the materia medica employed for that purpose had been used to check her vomiting, but without avail—*ippecac*, *opium*, *pepsin*, *bismuth*, *soda*, *oxalate of cerium*, *hydrocyanic acid*, *eucalyptus*, *carbolic acid*, *calomel*, *salicylic acid*, *nitrate of silver*, *Carlsbad water*, *ice*, etc. She was gradually getting worse, having lost twenty-five pounds since the inception of the trouble, and the vomiting still increasing.

When she came under observation she was emaciated and feeble; had not had her menses since July last; bowels constipated; vomited everything shortly after being ingested, not being able to retain either solid or fluid food, although coarse and solid food gave her more distress than fluid; threw up a little blood three or four times. Always felt relieved after emesis had taken place. Complained of tenderness, confined to the centre of the epigastric region, and a burning pain (coming on soon after eating) in the same location. At times she would complain of a dorsal pain or *cardialgia*. No tumor was felt through the abdominal walls. The diagnosis of gastric ulcer was founded on the following symptoms: great tenderness at a localized point in the epigastrium; a burning pain in the same location; vomiting of both solid and liquid food, and always experiencing relief after emesis. As the nausea and vomiting was more severe in an hour or so after eating, it seemed to point to the pyloric end of the stomach as the seat of the disease.

She was given a liquid diet consisting of milk with lime-water and beef-tea, occasionally chewing rare pieces of beef and swallowing the juice. To control the vomiting, powders of subnitrate of bismuth and morphia were administered. This plan of treatment was kept up for five days without any beneficial result, the milk being thrown off as well as the beef-tea. Various remedies were then tried, but still she vomited and retched until everything was thrown off her stomach—even bile, blood, and mucus being expelled. A whitish discharge which had been vomited occasionally was examined microscopically, and found to consist of squamous epithelium and blood-corpuscles, with mucus and extraneous matter. She was then put on enemata of milk, beef-tea, and defibrinated blood. Ice, soda, and subcarbonate of bismuth in twenty grain doses, with blistering over the stomach, were all employed to relieve the retching, but with no amelioration. In fact, all the symptoms were aggravated. The burning pain was getting more intense, the tenderness and vomiting increasing, and now insatiable thirst tormented her, but everything she took to relieve this only aggravated the emesis. As a last resort, *ingluvin* was employed, to be given three times a day. Within a week she felt better. The vomiting was greatly relieved, now occurring but twice a day,

whereas formerly it was almost continuous. The burning, gnawing pain was gradually eased. Improvement rapidly progressed; in ten days the vomiting had entirely disappeared, the tenderness and burning diminishing. The enemata were now discontinued (having been used three months). The patient got out of bed, and thereafter ate three meals a day without any inconvenience. She began immediately to gain flesh, and her menses again appeared. Shortly after she went home in excellent condition, with the ulcer probably cicatrized.

As mentioned above, this case is interesting, partly on account of the long-continued use of rectal injections, showing the value of them in prolonging and saving life. They are of service after operations on and in diseases of the tongue, pharynx, œsophagus, and stomach; after removal of cancer of the tongue, of tumors of the jaw, and in cases of diphtheria, tumors of the pharynx, stricture or obstruction in the œsophagus, tumors of the larynx, pressing upon the œsophagus, or in any disease interfering with deglutition; also in cancer or ulcer of the stomach, gastritis, and in marasmus of children. Of the latter, Dr. G. M. Smith, of this city, had a case, the subject of which was a little girl in a deplorable condition. She was supported entirely by rectal injections, until gradually she was restored to perfect health.

These injections may be used almost without limit, although there is a prejudice against them on the part of the patient. Dr. Austin Flint, in his "Practice of Medicine," mentions three cases which were supported by nutritious enemata. The first was sustained three weeks, the second one month, and the third and longest three months.—*New York Medical Record*.

**WHY WE EAT OYSTERS RAW.**—Dr. William Roberts, in his interesting lectures on the digestive ferments, states that our practice in regard to the oyster is quite exceptional, and furnishes a striking example of a general correctness of the popular judgment on dietetic questions. The oyster is almost the only animal substance which we eat habitually and by preference, in the raw or uncooked state; and it is interesting to know that there is a sound physiological reason at the bottom of this preference. The fawn-colored mass which constitutes the dainty of the oyster is its liver, and this is little else than a heap of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the dainty between the teeth brings these two bodies together, and the glycogen is at once digested without other help by its own diastase. The oyster in the uncooked state, or merely warmed, is, in fact, self-digestive. But the advantage of this provision is wholly lost by cooking, for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.—*London Medical Record*.