

when the stomach contains no ingesta there is no secretion of gastric juice. In hyperchlorhydria attacks of vomiting may occur, but are not so common as in intermittent gastrosuccor-rhea.

Migraine is an affection which presents a symptom complex similar to that of intermittent gastrosuccor-rhea. In both headache, nausea and vomiting may occur periodically. However, in migraine headache, frequently unilateral, is the essential symptom. It appears early in an attack, although generally preceded by prodromal symptoms such as spots before the eyes, vertigo, tinnitus, etc. Nausea and vomiting are as a rule later symptoms. The condition of gastric secretion is variable. In some cases the vomitus is highly acid, due to excessive secretion of hydrochloric acid. Continuous hypersecretion may also be present, and, if so, the gastric symptoms take a more prominent part in the disease picture. Migraine with hypersecretion is very closely allied to intermittent gastrosuccor-rhea.

Periodic vomiting as described by Von Leyden usually appears suddenly with nausea and vomiting. The vomitus is not hyperacid, and the gastric secretion is not continuous. Headache is frequent, but gastric pain is usually absent.

Cyclic vomiting in children has many points of resemblance to intermittent gastrosuccor-rhea. In both there may be hypersecretion, nausea, vomiting, headache, and depression. In both the attacks may occur periodically. In some cases, however, it is claimed that hypersecretion is not present. This character would distinguish it from gastrosuccor-rhea.

Gastric crises is a symptom complex observed in tabes dorsalis and rarely in other spinal diseases. The symptoms of the crises resemble those of intermittent gastrosuccor-rhea. Hypersecretion may be present, but is not a constant sign. The recognition of the primary disease suggests the diagnosis of the gastric affection.

*Treatment.*—The treatment of an attack should be initiated by cleansing as completely as possible the alimentary tract. With this purpose in view the stomach should be thoroughly washed out with a weak solution of bicarbonate of sodium. If the patient will not consent to the lavage, or for some reason it is contraindicated, then hot water is to be freely and repeatedly administered. The drinking of the hot water is usually followed by vomiting, which tends to cleanse the stomach and in some cases to abort an attack. As soon as the stomach has been