give nothing by the mouth except small pieces of ice. Give nourishment per rectum not oftener than three times a day and in quantities not greater than 250 C. C. Tincture of opii may be added.

About one week after cessation of the haemorrhage begin feeding by the mouth with ice cold fluids such as milk and mucilaginous soups going gradually to the solid foods.

Haemorrhage from the Oesophagus.—Most common cause Carcinoma of Oesophagus. When new growth begins to break down get some bleeding, but it is rarely serious. It is a warning against using stomach tube or oesophageal sound. The growth may penetrate the aorta or an aneurism of the aorta may rupture into the oesophagus causing fatal haemorrhage. Can do nothing except to recognize the condition early and warn the patient against anything raising the blood pressure.

The varicose veins of the oesophagus often associated with cirrhosis of the liver occasionally rupture leading to severe and it may be fatal haemorrhage. In such a case patient must remain absolutely quiet, take all nourishment by enema and avoid solid food.

Gastric Haemorrhage.—Most common causes are ulcer and carcinoma. Other causes are uncompensated heart lesions, portal congestion, acute yellow atrophy of liver, infectious diseases, septic processes, haemophilia, nephritis and Leukæmia.

Treatment.—Bleeding from cancer is not usually severe therefore put to bed and feed by the bowel. If vomiting continues and there is evidence of stagnation of gastric contents, lavage is advised In severe cases gastro-enterostomy will perhaps be required. Gastric ulcer often causes severe and repeated haemorrhages. It is strongly advised to carry out careful treatment of ulcer when patient comes under treatment before onset of any bleeding. However, owing to the lack of symptoms or because they are so vague, diagnosis is not always possible until bleeding occurs. Where any uncertainty the author advises to put patient ot bed and carry out a strict course of treatment rather than have a haemorrhage later. That is the patient must be kept in bed, fed per rectum or, if by the mouth, a solution of gelatine in small quantities. After a few days give bismuth subnitrate or 1% solution of silver nitrate to protect the ulcer.

Lavage of the stomach is advised wherever there is motor insufficiency of the stomach, allowing stagnation of the food which dilates the stomach promoting haemorrhage and preventing healing. If the introduction of the tube causes much effort at vomiting, use cocaine to moisten the pharynx.