

*Diagnosis.* Although the symptoms described above point to continuous hypersecretion, a positive diagnosis can only be made by examining the stomach contents after a test breakfast, and by passing a tube into the stomach and withdrawing the contents repeatedly during the fasting condition. After Ewald's test breakfast the amount of HCl is increased, starch digestion is incomplete, in fact, the starch products may be found unchanged, Lugol's solution giving a violet or bluish color. In about half-an-hour a thin slice of hard-boiled egg will be digested by the filtrate. The liquid withdrawn from the stomach during fasting contains no particles of food and no starchy substances. It is usually clear or colored slightly by a little bile. The difference in the rapidity with which albuminates and starches are digested is an important point in diagnosis, and can be determined better after Leube-Riegel's test dinner. In three or four hours afterwards there are scarcely any particles of meat present in the expressed contents, and the starches remain unaltered.

It is necessary in making a diagnosis of continuous hypersecretion to exclude all possible causes of stenosis of the pylorus by organic lesions, and gastric ulcer, which may be accompanied by hypersecretion. In cases of stenosis of the pylorus with dilatation, the liquid which the stomach contains during fasting also contains food particles which can easily be detected. In such cases the hypersecretion is secondary to the stenosis, and they should not be classed with those of primary succorrhœa. If care be taken to exclude all cases of dilatation from stenosis, the number of cases of continuous hypersecretion will be found to be very small. It is very essential that a diagnosis should be made, because of the great difference in treatment of the two affections, that of stenosis being surgical. In a case of ulcer the vomiting of blood or the presence of blood in the stools, together with a small circumscribed spot in the epigastric region, which is extremely painful on pressure, would point to that disease. The absence of these symptoms, and the presence of the symptoms of hypersecretion, would justify one in making a diagnosis of primary continuous hypersecretion.

The comparative infrequency of genuine cases of gastro-succorrhœa continua chronica is sufficient reason for referring to the following case, for the early history of which I am deeply indebted to Dr. Wallace, of Hamilton.

A. B., æt. 46 (born 1837), married, six children all in good health. He was a heavy smoker, but a total abstainer from all alcoholics. He was of a nervous, energetic temperament, a hard