

particles of food. Here is a case for stomach washing, repeated twice a day, if necessary, for a week or more, together with removing the cause.

In cases of acute indigestion, where the child has not received proper attention, the case goes on to one of inflammation, usually gastro-enteritis. Then, along with the vomiting, there is fever, thirst, tenderness, coated tongue and great depression, usually accompanied with an attack of diarrhea. Then, if there is mismanagement, one attack may follow another until you find yourself face to face with a chronic condition. The treatment is careful feeding and stomach-washing. Then, again, vomiting occurs from intussusception and intestinal obstruction, whether from a malformation or otherwise, and in any case it is a good rule to remove all clothing and thoroughly examine the abdomen and rectum; exclude peritonitis by the absence of tenderness, distention and fever. A tumor in the right abdomen would suggest an appendicitis; in the left look for further evidences of an intussusception, and do not conclude your examination without looking for a hernia. In the newly born, persistent vomiting is usually associated with congenital obstruction, in which case there is obstipation.

Vomiting occurs at the onset of the acute infectious fevers, but is of no special diagnostic value; it may be due to reflex irritation, from teething, irritation of the pharynx, or even worms, and is one of the first signs of brain irritation, whether from a tumor or simple or tubercular meningitis, when it assumes a sort of projectile form, and in a short time the making of your diagnosis is assisted by recklessness, oscillating eyeballs, muscular rigidity, irregular pulse, and slow, irregular respiration.

If you have a case of chronic vomiting, and have failed to find a cause, and at the same time failed in your treatment, you have in all probability one of "habit vomiting." Try gavage, and you will usually help both yourself and your patient out of the difficulty.

Toxic materials in the blood very frequently excite vomiting—ptomaines and other poisons taken with the food, and uremia. The latter being recognized by repeated urinary analysis. It is often difficult to make a diagnosis in these cases, and you have to arrive at a conclusion by exclusion. In this connection, I think I can safely include a form of vomiting known as cyclic vomiting, not often seen in infants, but frequently in older children.

Authorities have not, as yet, satisfied themselves as to the exact cause, or whether these cases have the same origin. But Holt says it seems to be associated with a general derangement of nutrition which is in some way connected with formation and excretion of uric acid; at any rate, it looks to one like the gradual