satisfactory diagnosis could not be made. The appetite remaining good, the pain and vomiting only after eating, the absence of blood in the vomita and my inability to detect a tumour through his emaciated abdomnial walls, certainly inclined me to the opinion that I had to deal with a case of chronic gastritis. At the same time one could not forget that nothing had yet been elicited which could be said to be pathognomonic of either condition, and that many of the symptoms which, accompanying either Carcinoma or Ulceration, are due to a co-existing gastritis.

Would the results of the examination of the stomach contents have afforded any assistance in making a diagnosis. I think so. The contents were alkaline, contained no free hydrochloric acid and the proteids were only partially digested. These conditions excluded ulcer in which the contents of the stomach are acid, free hydrochloric acid is found—often in increased amount—and the proteids are normally or even too rapidly digested. The absence of free hydrochloric acid rather points to Carcinoma though even in this disease, it may be found under certain conditions. It is also usually absent in chronic gastritis. By the examination of the stomach contents we were able in this case to absolutely exclude ulceration. Taking into consideration the general symptoms—as the character of the pain—the time of its occurrence—the vomiting only and immediately after eating, and the substances vomited and especially the absence of blood in the vomita, the absence of any appreciable tumour, taking, I say, all those points into consideration I was more inclined to a diagnosis of chronic gastritis than of carcinoma, and this diagnosis was not at variance with, but was rather confirmed by the evidence furnished by the examination of the stomach contents.

The treatment adopted was based upon the diagnosis of chronic gastritis and consisted of the administration of hydrochloric acid, the ingestion of liquid easily digested food and lavage of the stomach. In order that digestion may be carried on efficiently, hydrochloric acid must be present in the stomach. In this case we had ascertained that it was not present. Pepsinogen was present and this requires hydrochloric acid to convert it into pepsin by the action of which albuminous foods are digested. This part of digestion in this case was being done imperfectly. What the patient was no longer able to do for himself we endeavoured to do for him. We supplied his stomach with hydrochloric acid immediately after he took nourishment, and