

it does not take the sufferer long to discover the comfort he may experience by doubling up a blanket or a pillow and hugging it to the stomach when he is thus awakened at night.

The ingestion of an alkali mixture will frequently afford great relief, presumably by its neutralizing effect on the already too acid stomach contents. Vomiting will almost invariably produce the same results. In the latter stages of the disease, when one of the various complications, such as cicatricial stenosis is seriously affecting the motility of the stomach, there is nothing which appears to afford such instant and complete relief as gastric lavage. It is remarkable to observe the avidity with which some patients in this condition will resort to the stomach tube, and an occasional one will be found whose daily practice is to wash out the stomach at a stated period after each meal.

Now, epigastric pain, belching of gas, eructations and vomiting are not in themselves pathognomonic symptoms of ulcer. Other conditions such as chronic appendicitis or chronic cholecystitis due to gall stones, are frequently accompanied by similar periodical manifestations. It is not the *chronic* character or the *periodical* attacks of pain, gas or vomiting; it is not the *location*, *intensity*, or *kind* of pain that tells the story; it is the invariable *time* of the pain, two to four hours after meals, it is the fact that during the attack, pain accompanies almost *every* meal, and finally it is the *means* by which the pain can be relieved, ingestion of food, which stamps it as characteristically pathognomonic of ulcer in this location.

*Hyperacidity.* So called "hyperacidity" of the stomach has long been recognized as an accompaniment of ulcer, and in its direct relationship to this lesion has been the theme of many able discussions. It is an interesting fact to note, however, that in many cases of supposed hyperacidity or "acid dyspepsia," where intensely acid matter is vomited, that a test meal will reveal a normal or even subnormal amount of free HCL. Whether hyperacidity is the cause or result of ulcer has long been a moot question, but as more of these cases are being constantly submitted to operation, and a clearly defined and tangible ulcer is being found in every instance, the weight of proof is fast accumulating to show that this supposed "hyperacidity" is the result and not the cause, of ulcer. This has been demonstrated many times. Sir Berkeley Moynihan has indeed gone so far as to assert that chronic recurrent or protracted hyperchlorhydria is ulcer.

*Hemorrhage.* Hemorrhage, as made manifest by hematemesis or melaena should never be considered a symptom, but rather a late complication of ulcer. In at least 80 per cent. of all cases a diagnosis should be made before the ulceration has progressed to such a stage as to