

region. The lower mammary region on the left side is often the seat of pain, as it, indeed, is in many other maladies.

IV. *Modifications of Muscular Action.*—1. Cardiac palpitation, intermittence or irregularity of pulse, or painful aortic pulsation at and below the epigastrium, often suggest to the patient the presence of cardiac disease; and it is worthy of remark that, on the one hand, a very great amount of discomfort may often be felt by the patient when the physician can discover no change in sound of heart or rythm of pulse; and that, on the other, disease of aortic valves, and other obvious signs of cardiac change, may often be discovered by the physician in a gouty patient, he having never been conscious of any thoracic trouble.

2. Flickering contractions of muscles in the limbs; tonic spasm, with cramp-like pain; and "startings" on falling asleep have often appeared to me to be of gouty origin, and that for the reasons that I have assigned. Priapism, without erotic feeling, is also very common. It sometimes disturbs the sleep, is felt on awaking, but quickly disappears without emission.

3. Local weakness of muscles, such as ptosis, single or double; want of co-ordination of movement of the limbs, both upper and lower, giving an awkwardness of movement and an ataxic gait—are among the symptoms that may have the course and history that I have suggested. I have recently seen several cases of ataxia, and one with marked double ptosis, which had been treated unsuccessfully upon a syphilitic hypothesis, but which recovered speedily when the treatment was based upon a gouty theory.

V. Lastly, there are symptoms beyond those which I have mentioned, and which do not form part of the matter for my description now, but which I will simply enumerate as being further guides or helps in the diagnosis of gouty cases: 1. Dyspepsia, cardialgia, distension of stomach and colon with flatus, pyrosis, and acid eructations; 2. Varicosity of veins, with tendency, upon slight injuries, to occlusion of veins; 3. Brittleness and vertical lining of the nails of both fingers and toes; 4. Slight conjunctivitis with occasional chemosis.

The groups of symptoms that I have enum-

erated rather than described sometimes coexist, sometimes alternate, and their phases are often very puzzling. They present great difficulties in diagnosis and in treatment until the clue is caught. It is often saddening to look through the carefully cherished prescriptions, and especially when they are one's own, and see the long array of drugs that have done no good—iodine, bromine, strychnine, quinine, zinc, iron, silver, cerium, arsenic, valerian, and hops, to say nothing of mercury, bitter infusions, mineral acids, and the like; but then one's sorrow may often be turned into joy—and a joy in which the patient most heartily participates—when a simple treatment, such as I have suggested, is adopted, and all the troubles disappear with a rapidity that seems quite magical, and reminds one of that beautiful process of clearing a photographic picture by cyanide of potassium.

#### DIAGNOSIS, COURSE, AND TREATMENT OF CANCER OF THE STOMACH.

Professor Rüle, of Bonn, in the *Deutsche Medicinische Wochenschrift*, has a lengthy article on this subject which we should like to reprint entire did space permit. He says:

"The disturbances of gastric function are not prominent, or at least, characteristic. The feelings of weight, uneasiness, and gnawing are present in other diseases, and vomiting cannot decide the question. Goodsir's sarcinae are present wherever the contents of the organ are long retained, and even 'coffee-grounds' vomiting is not peculiar to cancer. But these symptoms, especially the last, combined with increasing cachexia, narrow the range of possibilities and makes carcinoma very probable. Vomiting of blood, especially copious, is rare. Chronic recurrent ulcer may give rise to very marked thickening of the wall near the pylorus. Cancer and ulcer do not exclude each other."

Rüle has never seen cancer produce such copious hæmatemesis as occurs from the rupture or erosion of a large vessel in the epigastrium or its neighbourhood; and, apart from ulcer, knows only of cirrhosis of the liver, or perhaps rupture of a dilated vein in an over-distended stomach, as rarer causes of hæmatemesis.

A case of profuse hæmatemesis is cited