

placed stomachs are exceptional, although signs of this habitus are evident in some of the children examined. On the other hand, coinciding with the development of the adult type of this habitus, with the approach and in the period of puberty, the displacement of the abdominal viscera become less exceptional; in fact, the actual ptoses, I believe, are practically first seen at this time."

Hematemesis. SIR DYCE DUCKWORTH (*The Lancet*, Oct. 29, 1910).

Abstract in *Medical Times*.

Sir Dyce remarks that many observers hold the view that in many patients there is no true ulceration present, but a series of small fissures, or chaps, from which blood oozes freely. With regard to a fatal issue in all cases by hemorrhage, he says that this is happily not a common occurrence. Whatever the lesion, the treatment of the patient is the same, and it consists in absolute rest, recumbency with head low, and morphine given hypodermically. Nothing whatever is to be given by the mouth, not even ice water or pieces of ice. Saline solution, in half-pint quantities, should be given by bowel, and nutrient enemata consisting of from eight to ten ounces of peptonized milk, with yolk of egg and grape sugar, repeated three or four times each day for three days. The mouth should be cleansed with borax, thymol and warm water several times a day. The next grave matter which it is well to bear in mind is the liability of perforation, with alarming symptoms of pain and collapse, calling for immediate surgical action. Milk and lime water and cream are the safest for the first feeding by mouth. An ice bag may be kept on the epigastrium as long as bleeding remains active. As to medical treatment, subnitrate of bismuth and calcined magnesia are the best agents, twenty grains of each after a few days when the bleeding is stopped. The stools should be watched for melena. Calcium lactate and adrenalin have both been suggested, but the author believes that we may dispense with any of these drugs if we carry out the physiological principles. Gastroenterostomy should be performed in cases where ulceration is found near the pyloric orifice on opening the stomach, for this condition may lead to dilatation and other difficulties. Hematemesis depending on advanced cirrhosis of the liver is always a serious and often a terminal symptom in such subjects. The bleeding is sometimes enormous, and should be treated along the same lines. Patients suffering from gastric hemorrhage are always likely to do best in hospitals, for here they have skilled watching.