

serum and improves the nutrition of the heart muscle. Systematically tried in pneumonia, it will be found to be far more efficient in stimulating a labouring heart than digitalis or strychnine supplemented by inhalations of oxygen.—*Medicine*.

EPIGASTRIC PAIN.

H. W. Bettman, in the *Cleveland Journal of Medicine* for July, 1901, says that epigastric pain occurs in gastritis, ulcer and cancer of the stomach, and in hyperchlorhydria. It may occur in gastric syphilis and in malaria, and the relation of this symptom to the foregoing conditions is fairly well understood.

It is frequently not recognized that gall-stones and inflammation of the gall-ducts may lead to epigastric pain, which is often mistaken for gastric disease. The author regards it as probable that the majority of cases diagnosed gastritis, accompanied by paroxysmal pains in the epigastrium, with prostration and collapse, are in reality cases of gall-stones and cholecystitis. In the epigastric pains due to gall-stones the attacks occur independently of the taking of food, and come on without apparent cause. The writer lays it down as a rule that "gall-stones should be suspected whenever patients complain of regularly recurring, or paroxysmal, severe epigastric pain, coming on several hours after eating, and when a careful examination of the digestive functions of the stomach reveals no abnormality."

Epigastric pain is sometimes dependent upon spinal disease. Hilton describes a case of a young patient, who had been treated for a long time for disease of the stomach, and was found to have a tuberculous process between the sixth and seventh dorsal vertebrae.

Epigastric pain may be produced by pelvic lesions, and more rarely by eye-strain. Such a diagnosis is usually arrived at by exclusion, namely, correct habits, regulating the diet, and increasing the amount of exercise effecting no improvement in the pain.

In chlorosis, epigastric pain of a gnawing or boring character, increased by the ingestion of food, is sometimes found. In many respects it suggests gastric ulcer. There is an absence of nausea or vomiting, and normal or diminished acidity of the gastric juice. It is found that this sort of pain yields readily to the administration of Blaud's pill and Fowler's solution.

Arterio-sclerosis is sometimes accompanied by epigas-