

cause collapse. In a short time vomiting occurs. This gives relief for a period, but soon the symptoms recur. The first vomitus generally contains particles of food, and is rich in both acid and ferments. The following vomiti are frequently yellowish or greenish yellow. This is due, no doubt, to regurgitation of bile taking place more readily when the stomach is empty. Analyses show that the ejected gastric contents still contain hydrochloric acid and ferments. This is an important character, as it shows that the secretion is continuous, even in the absence of food, and distinguishes the disease from hyperchlorhydria. Headache is usually present at some time during the attack. In some cases it precedes the gastric symptoms, as is usually the case in migraine. There is generally thirst, but the appetite is lost. The drinking of much water increases the vomiting, but the latter continues even if no water be drunk.

During the attack there is more or less collapse. The abdomen is commonly sunken. The patient looks pale; his pulse is as a rule small and frequent and the extremities cold.

The course of each attack varies from a few hours to two or three days. The symptoms disappear suddenly, and are immediately followed by an interval varying from a week to many months in which there is good health.

*Diagnosis.*—Intermittent gastrosuccorrhea must be differentiated from chronic gastrosuccorrhea, hyperchlorhydria, migraine, periodic vomiting, cyclic vomiting, and gastric crises of tabes dorsalis. The only distinctive sign of intermittent gastrosuccorrhea is periodic continuous flow of gastric juice. All other symptoms, such as vomiting, gastric pain and headache, may be manifestations of many other gastric affections.

In chronic gastrosuccorrhea the excessive secretion is continuous. From time to time, especially in cases accompanied by ulceration of the gastric mucosa, exacerbations of the hypersecretion may occur. These may be characterized by headache, nausea, vomiting, and all the other symptoms of an attack of intermittent gastrosuccorrhea. However, between these attacks the stomach is never empty. In the morning, or after a period of fasting, gastric juice can be syphoned from the stomach. The hypersecretion may be remittent, but never intermittent.

Hyperchlorhydria is characterized by an excessive secretion of hydrochloric acid and usually of gastric ferments during the period of digestion. The symptoms are digestive, and