stomach and vomiting. This pain and vomiting continued to come on always after eating. When he came under my care at the beginning of last month he presented the following conditions :—Very much emaciated, weighing 104 lbs., anaemic, tongue large and flabby but not furred, bowels constipated, appetite good, complained of tenderness on pressure over the stomach. The taking of any kind of food was immediately followed by pain and the contents of the stomach were vomited. The temperature, pulse and urine were normal. The contents of the stomach were examined by Dr. W. T. Connell, who reported as follows :—

Reaction—Distinctly alkaline from fixed alkali. No free acid. No free hydrochloric acid. Large amount of mucus; Proteids partially digested. Pepsinogen present. Starch digestion not interfered with.

Taking the symptoms of which this patient complained into consideration in connection with the results of the examination of his stomach contents, a diagnosis of chronic gastritis was made and the patient was treated accordingly. Several affections of the stomach suggested themselves as probable causes of the conditions existing in this case. I shall limit myself to the discussion of three, Carcinoma, Ulceration, and Chronic Inflamation of the Stomach.

The age of the patient while pointing, perhaps, to Carcinoma does not exclude either of the other conditions. The pain was not continuous as it usually is in Carcinoma, but was brought on only by the ingestion of food. This is more characteristic of ulcer or gastritis. The appetite remained good. In Carcinoma the appetite is usually diminished or entirely absent. Vomiting occurred only after eating. With Carcinoma vomiting often takes place when the stomach is empty. With either Carcinoma or Ulceration it is usual to have occasional vomiting of blood. In the former case the blood is often decomposed, of a dark colour, and in small quantities ; in the latter case the blood may be fresh or decomposed and may be in large quantities. In Gastritis blood, if vomited at all, will only appear as streaks mixed with the other vomita. This patient did not vomit blood. The absence of blood in the vomita would point to gastritis rather than to either of the other conditions. On palpation no tumour could be made out. This would not exclude either of the conditions in the early stage. Judging from what I could learn from the patient and from what I could ascertain by physical examination, I felt that a