

into cases where (a) the excess of acid is due to HCl (hyperchlorhydria), and (b) where it is due to increase of the volatile acids. These latter cases are those which benefit the most by bismuth and sodium carbonate taken some time after meals. On the other hand, in hyperchlorhydria, unless the cause is removed by dieting (plain food with no pepper, mustard, or spices, and but little table salt), bismuth and prussic acid mask the symptoms while fermentation increases and at once dilatation supervenes. Hyperchlorhydria is usually accompanied by increased motor power; its chief symptom is pain, coming on three or four hours after food, and relieved at once by taking more. (c) Another form of hyperacidity is gastro-succorrhœa, where, though fasting, the stomach may contain a considerable amount. It is generally due to worry, and may be intermittent or constant. 3. In malignant disease a deficiency or absence of free HCl may help the diagnosis in a doubtful case, though there may be a complete absence of it in other conditions also, such as neurotic dyspepsia. Mucus and lactic acid are increased. 4. All cases of gastric trouble, usually described as functional, now come under the head of neurotic dyspepsia. In this HCl is absent or diminished, the volatile acids are increased, often enormously, the digestive power is delayed or totally absent, the motility is diminished, dilatation is usually and gastroparesis nearly always present. In an uncomplicated case mucus is not increased. The ordinary signs of neurasthenia, though commonly, are not always present. Analysis in these cases is of the utmost importance; for instance, in one of the author's cases a diagnosis of gastro-succorrhœa would have been made from the symptoms, but in reality HCl was entirely absent. Treatment is largely hygienic. Internal faradism is most useful, though Weir Mitchell's treatment also is essential in bad cases. NaCl should be withheld as much as possible. The diet should be dry, and liquids taken only as hot water an hour before or three hours after meals, the chief of which should be in the middle of the day. Of drugs strychnine and arsenic are the most useful, though opium is occasionally necessary. When HCl is deficient sodium bicarbonate may be given an hour before meals. Regulation of the bowels is a necessity. 5. Since the introduction of the stomach tube most cases of what used to be called gastric catarrh are now placed among the neuroses. Genuine gastric catarrh almost always depends on some irritant, such as alcohol, tobacco or spices. The gastric contents resemble those found in ordinary neurotic dyspepsia, though mucus is always present, generally in excess.—*Practitioner*.