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ORIGINAL ARTICLES.

NOTES ON HYDROCHLORIC SUPERACIDITY, WITH REPORTS OF CASES.

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According to my experience excess of hydrochloric acid is a very common functional sign in cases of gastric indigestion. This acid is no doubt the secretion of the border or oxyntic cells of the peptic glands. The size of these cells varies with their activity. When quiescent they are smaller than when their secretory function is active. In cases of hydrochloric hyperacidity, where the secretory function of these glands has been morbidly active for a prolonged period, proliferation of both the border and chief cells can be frequently demonstrated in some parts of the mucous membrane of the stomach. This fact should be kept in mind, as the greater the proliferation of the glandular elements the more difficulty will be experienced in affecting a cure.

As stated above, hydrochloric superacidity is a common result in analyses of gastric contents. It may be present in hyperchlorhydria, hypersthenic gastritis, hypersecretion, ulcer, carcinoma, gastropnoia, atony, as well as in some of the neuroses other than those mentioned in the foregoing list of diseases. It is quite evident therefore that this functional sign alone is of little value in differentiating the above diseases. But it is a sign that must be considered in the treatment of every one of them.

Let us now consider the etiology of excess of hydrochloric acid. As far as known at the present date, the causative agents may be conveniently described under two heads:—

- (a) Local irritation.
- (b) Mental disturbances.

However, in many cases both of these conditions are important factors in the development of the morbid condition.

The stomach may be over-stimulated in several ways. Stagnation of food may affect it. I ascribe the hyperacidity which is frequently found in gastropnoia and atony to this cause. Again, too rapid eating may bring about the same result. The stomach is not a gizzard and