

one of the most frequent predisposing causes both of acute and chronic gastritis, in either a deficiency in quantity or defective quality of the gastric juice. It will, then, be necessary to investigate as to the patient's surroundings, habits of eating, drinking, and working. The condition of the stomach may be largely the result of mere exhaustion from overwork or anemia, and unless care is taken to remove this condition the direct treatment of the stomach may be unsuccessful.

It is safe to say that as great progress has been made in the treatment of diseases of the stomach as in any other department of medicine, and that we are now able to bring to bear upon the subject an amount of accurate scientific knowledge which was not conceived of even ten years ago.

The use of the soft rubber tube, as introduced by Leube and Ewald, has revolutionized our treatment of stomach diseases. Leube says: "With the introduction of this practice, the treatment of dilatation of the stomach has for the first time become a rational one, and all other remedies sink, by comparison, into the second and third rank." Ewald says: "The advantages resulting from this method are evident, and the only wonder is that it was not made use of earlier."

The question of the administration of acids or alkalies can best be settled by first ascertaining the chemical character of the gastric juice. Alkalies are often needed for the purpose of neutralizing acids, such as acetic and butyric, which result from fermentation; but they ought not to be given to neutralize the natural acid of the gastric juice. They should, therefore, be given near the end of the digestive process, or shortly before the next meal. Hydrochloric acid, on the other hand, may be given with benefit when there is a deficiency of that acid, and the proper time for administering it is shortly after the meal.

Notwithstanding the great advances, only a few of which we have spoken of, how often are we tempted to go on in the old way, to give a tonic or some aid to the digestion which may temporarily relieve the patient, but will not cure the case. This is, no doubt, largely due to the great amount of labor involved in making the analysis, and the difficulty of finding time to devote to it. Of this I shall speak hereafter.

Now, let us turn our attention to an entirely different class of cases—the chronic inflammation of the kidney, generally spoken of under the head of Bright's disease. The subacute and chronic forms in which the glomeruli and tubes are primarily affected shall be more particularly referred to.

It is a matter of doubt if in these cases we are not too apt to give an unfavorable prognosis, and to treat the patient from the first, not with the hope of curing, but simply of ameliorating the symptoms and of prolonging the life. Who can draw the line, in many cases, between the curable