

from Hemmeter gives the distinguishing features between hæmorrhage from the lungs and the stomach.

LUNG.

1. Blood bright red, foaming.
2. Physical signs point to a pulmonary or cardiac affection, the stomach may be affected secondarily.
3. Pulmonary hæmorrhages followed by rusty-colored sputa for days (generally), but there is no blood in the stools.
4. Physical signs of pulmonary or cardiac disease, moist rales, etc.

STOMACH.

1. Blood is dark red, partly coagulated, frequently mixed with food, sometimes acid.
2. Physical examination evinces a gastric or hepatic affection, or stasis in partial circulation.
3. Gastric hæmorrhages are frequently associated with tar-colored stools.
4. Physical examination of heart and lungs usually negative.

2. *Pain.* This is a very constant symptom. It is described as of a burning, gnawing, boring, tearing, or pressing character, situated in the spigastrium, or felt in the left side of the lower dorsal region. In some cases the pain is very severe, amounting to the most acute distress. It comes on usually soon after taking food, and gradually increases until the stomach is emptied by vomiting or the usual course of digestion. The pain varies with the character of the food, being usually severer after solid than liquid aliments. In a few cases the pain is lessened by the ingestion of a moderate quantity of food, a result which seems to be due to the neutralization of the acidity of the gastric juice. Mansell Moullin claims that pain is due to irritation of an inflammatory nature affecting the sensory nerves in the peritoneum and induced by the movements of the stomach. The following table from Anders will assist in differentiating ulcer of the stomach from gastralgia.

GASTRIC ULCER.

1. History of certain occupations:—Anæmia, Chlorosis, Amenorrhœa, Tuberculosis, and diseases of the heart.
2. Most frequent from fifteen to thirty-five years of age.
3. The paroxysms of pain usually come on at a definite period after eating.
4. Eating rarely relieves the pain.
5. Tenderness on pressure over a certain limited area in the epigastrium.
6. Pressure usually aggravates, and only occasionally relieves patients during paroxysm of pain, not during the intervals between seizures.
7. In the intervals between the attacks gastric disturbances, more or less severe, are present; also tender point frequently.
8. Hæmatemesis present in nearly one-half of the cases.
9. General health often much impaired, particularly late in the affection.

GASTRALGIA.

1. History of Neurasthenia, Neuralgia and Hysteria common.
2. Most frequent before or near the menopause (in the female).
3. Paroxysms more frequent when the stomach is empty than soon after meals.
4. Eating usually brings relief.
5. Tender spot absent. General hyperæsthesia of the skin often present.
6. Pressure almost always relieves the pain.
7. In the intervals between attacks no gastric disturbances present, as a rule.
8. Hæmatemesis absent.
9. General health less affected than in ulcer.