

provement of certain troublesome cardiac symptoms, which resist all other methods of treatment. He tried this in 29 patients, of ages varying from 30 to 45 years, suffering from valvular lesions, aneurism of the aorta, arterial sclerosis with myocarditis, and Graves' disease, with cardiac hypertrophy. In all these cases, and especially in those with cardiophtosis, wearing the pressure pad has wonderfully improved the dyspnoëic and painful phenomena, and made it easier for the patients to sleep.—*Medical Chronicle*.

### THE CHEMICAL DIAGNOSIS OF GASTRIC DISEASES.

Vaughan Harley thinks that chemical methods in the diagnosis of gastric affections have been greatly neglected in England, although the stomach tube and an analysis of the gastric contents are frequently indispensable. The only contra-indication is recent hæmatemesis. Since the stomach reacts differently to different stimuli, standard meals must be employed. In analyzing the contents Ewald's, which consists of two cups of weak tea and two slices of dry toast taken an hour before the contents of the stomach are removed, gives the best results. For the investigation of the motor power of the stomach Leube's meal, consisting of  $\frac{1}{4}$  lb. of freshly-minced meat and a little bread taken while fasting, is the most satisfactory. Four, five to seven hours afterwards the tube is passed, and any remains of the meal are noted. Normally there should be no residue after five or six hours. When there is increased gastric irritability, and consequently increased mobility, the stomach may be empty between the third and fourth hour, but with lessened motility a residue may be found even sixteen hours after the meal without any pyloric stenosis. The motor power may also be investigated by giving salol and testing the urine every ten minutes with perchloride of iron until a red color appears. This occurs normally in about one hour, but in a case of deficient motility may be delayed for four or five hours. It is an obviously inconvenient method. After having analyzed the contents and tested the motor power, the size and position of the stomach should be determined by percussion after distending it with gas, either by blowing down a stomach tube or by giving half a drachm of tartaric acid and followed directly by the same quantity of bicarbonate of sodium. This is preferable to the other numerous methods, including gastrodiaaphany. 1. The total acidity and the free HCl are increased in gastric ulcer, digestion being usually quicker than normal. 2. Acid dyspepsia may be divided