

II. GASTRIC CRISES.

In this class of cases we do not include those first observed by Charcot in locomotor ataxia and other cerebro-spinal diseases, but rather refer to a class resembling the gastric crises of tabes, occurring in neuropathic cases and without any anatomical lesion, with however hypersecretion and increased acidity. Rossbach described a condition, *gastroxynsis*, a nervous disturbance of the stomach, ushered in by severe headaches, accompanied by gastric pain and vomiting of very acid secretions. Reichmann described the same class of cases and called them by the name of "*gastro-succorrhœa continua periodica*."

In this condition there is a constant secretion of gastric juice, with attacks of severe pain and vomiting.

The onset is sudden as a rule, the disease being ushered in by a sense of distress in the gastric region, restlessness, followed by pain and nausea. In an hour or two vomiting of the gastric contents supervenes. Relief may follow for a short time but soon the symptoms return. The appetite is lost and thirst intolerable. Vomiting often occurs in the middle of the night or early in the morning during fasting. There is no food in the vomited matter, nothing but clear gastric juice with an excess of hydrochloric acids and ferments (rennet and pepsin), and a small quantity of bile. Although the patient may take neither food nor drink, vomiting of a large amount of clear fluid supervenes in a few hours.

There is insomnia, the pain preventing sleep. An attack often lasts for two or three days, then the nausea and pain subside. Constipation is marked. During the intervals the gastric juice may be normal or there be hyperchlorhydria present, but the stomach is always free from secretion during fasting. The disease may not manifest itself again for weeks, months, or even years, or on the other hand, the intermissions may become shorter and eventually the patient may become a victim of chronic hypersecretion. Between the attacks the patient may enjoy fair health with proper restrictions as to diet.

The following is the history of a case which Dr. J. E. Graham kindly referred to me for examination of stomach contents about a year ago. It may fairly be classed as a type of the cases called by Reichmann "*Gastrosuccorrhœa continua periodica*."

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