

In the diagnosis of a chronic ailment, we should never be satisfied with the discovery of the pathological condition present without finding out the cause. We may, for instance, by careful examination, make a diagnosis of dilatation of the stomach; but unless we go further, and find out whether the dilatation is due to an abnormal condition of the gastric juice, to retained ingesta, to enfeeblement of the muscular walls of the stomach, or to all acting together, we will not likely succeed in our treatment.

To illustrate the point, the following brief histories of two cases of dilatation may be given :

Both patients were admitted under my care in the hospital about the same time last winter, and before an analysis of the gastric contents was made a diet was ordered for both consisting of scraped beef, thin toast, and milk. Lavage three times a week was prescribed, and strychnine was given.

The first patient, a young man, in whom the dilatation and accompanying catarrh were produced partly by taking large quantities of badly cooked food while working in a lumber camp. In his case the method of treatment adopted worked admirably. The gastric symptoms quickly disappeared, and the stomach became much reduced in size. The second patient was an elderly man, much enfeebled by exposure, and the condition of the stomach appeared to have been produced by taking badly cooked food while that organ was in an atonic condition.

In his case the treatment had an injurious rather than a good effect, and in a few days it was found necessary to change the diet to peptonized milk, to which, afterwards, a small quantity of farinaceous food was added.

About a week after their admission an analysis of the gastric juice was made in both cases.

In the first, hydrochloric acid and pepsin were both found in normal amounts. This accounted for the excellent digestion of meat.

In the second case, hydrochloric acid was not found, and pepsin existed in very minute quantity. Here was an explanation of the bad effects of a meat diet.

If in these cases an analysis of the gastric contents had been made before any treatment was adopted, an appropriate diet would have been given to each.

In the treatment of chronic gastric catarrh, we ought first to find out the exact condition of the stomach, the chemical character of the gastric secretion; whether dilatation exists or not; whether the movements are normal, and the rapidity with which absorption takes place. We have now means within our reach of obtaining an accurate knowledge in all these particulars. The analysis of the gastric juice is of special importance, as