TABULAR STATEMENT OF SEVENTY-TWO CASES

OF

HÆMATEMESIS;

WITH REMARKS.

BY

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AN examination of the circumstances under which any striking symptom occurs is of advantage, as leading the mind to estimate more truly the value of the symptom, to understand more fully its possible import, and to enable us thus, from what is seen and evident, to infer more correctly what is obscure and conjectural. The phenomenon of gastric hæmorrhage is one to which these observations are very applicable; it is never an unimportant occurrence, often one of fearful omen, and it is, in all cases, of great moment to be able to assign a sufficient and probable cause for its appearance. While I always feel reluctant to lay much stress upon statistics, especially in the matter of treatment, I think it can only be of advantage to record, numerically, the results presented to us by a simple observation of actual facts.

The accompanying tables have been constructed from the records of 2500 cases, observed by me, during about the last seven years, in public and private practice. These have been selected from the whole number I have had to do with, on the ground of their possessing some point of interest worth recording. Though selected cases, they are, by no means, to be considered as forming a special group, but rather as a fair representation of the ordinary occurrence of disease. I believe I shall not err widely if I assume that the number of selected cases is about one fourth of the whole mass, and that, among the unrecorded, the symptom I intend to examine has rarely, if ever, occurred; as, if it had been otherwise, it would probably have arrested my attention. On a rough calculation, therefore, it may be stated that, among 2500 selected cases of all kinds, and 10,000 unselected, the sign of hæmatemesis was met with in about 72.

Of these 72 cases, 53 were females, 19 males—a proportion of nearly 3 to 1.

The hæmorrhage occurred—before the age of 20 in 2 males and 3 females; from the age of 20 to 40 in 9 males and 36 females; after the age of 40 in 8 males and 14 females.

In 28 cases indigestion is mentioned as occurring a month, or longer, prior to the hæmatemesis. In 12 cases it is stated that indigestion was absent, or very slight.

In 40 cases the existence of gastric ulceration seems to be more or less certain.

In 32 cases its existence is more or less doubtful.

Of the former class there are 17 in which great improvement was effected by the steady and decided use of tonics: viz., Cases 3, 5, 8, 9, 10, 11, 12, 14, 16, 17, 19, 22, 23, 24, 33, 50 and 57.

In 3 of the latter class (Cases 20, 62, and 69) the vomiting of blood occurred during epileptoid fits, and gastric disorder was absent in 2 of these. In 3 others (Cases 31, 36, and 65) the liver was in a state of cirrhosis, as shown by

the autopsies. In Case 35 the liver was in a state of acute yellow atrophy. In Case 44 the spleen was greatly enlarged, and there was ascites. In 2 cases (49 and 72) the presence of cancer in the stomach was highly probable. In 7 cases (16, 18, 21, 29, 30, 47, and 66) there were peculiar nervous phenomena, not in any way resulting from the hæmorrhage, but rather appearing to stand in the position of a promoting cause. In Cases 1 and 42 acute rheumatism appeared to have some relation to the hæmatemesis. In Case 59 rheumatism was associated with purpura. In 5 cases (24, 27, 45, 52, and 60) hæmatemesis had a distinct relation to the catamenial periods.

According to the above general estimate the frequency of the occurrence of hæmatemesis may be stated as 0·72 per cent. of all cases taken indifferently, and that of gastric ulcer as 0·4 per cent. In my inspections of 100 stomachs, taken indifferently from patients dying of all sorts of diseases, I found, in 6, existing ulceration, or the remains of by-past, a fifteen-fold greater proportion than is expressed by the above figures. Of course it would be absurd to expect the proportions in the two series to be similar, the one taking account only of the gravest issue of the gravest diseases, the other dealing chiefly with the slighter and more ordinary affections. For this very reason I think the latter may be of some value.

The chief practical points, which examination of the above cases brings to view, are—

1st. The number of cases met with, in which the existence of gastric ulceration is a matter of great uncertainty, in which one cannot avoid asking one's self whether the hæmorrhage may not be simply the analogue of common epistaxis. That such is possible, even where the bleeding is copious, is proved by the record of a case given by Dr. Brittan. A female, æt. 29, after persistent stomach symptoms, resembling ulceration, attended twice with considerable vomiting of blood, the catamenia being generally regular, dies at last

with severe head pain. At the autopsy the viscera were all found healthy excepting a cyst in the fourth ventricle of the brain. The conclusion drawn by Dr. Brittan is doubtless correct, that irritation of the roots of the pneumogastric nerve by the cyst was the cause of the gastric symptoms. He has met with two other similar cases. In those above mentioned, where nervous debility and disorder were the prominent symptoms, and seemed to be rather the cause than the consequence of the hæmorrhage, it seems to me highly probable that the hæmatemesis resulted from a temporary congestion of the mucous membrane, induced by paralysis of the vaso-motor nerves of its arteries. Cases 18, 29, 30, 66, were very marked instances of this kind. Gastric hæmorrhage has occurred in persons who have ascended to a great altitude, where the atmospheric pressure was much diminished, and of course the strain on the internal surface of the vessel *pro tanto* increased. This is an analogous condition to that of vaso-motor nerve paralysis.

2d. The number of cases, in which all complaint of dyspepsia was either absent or so slight, that it would have been impossible to distinguish it from that attendant on slight gastric catarrh or neuralgia. In the great majority of cases, it certainly does appear that there is very little that is at all distinctive in the subjective symptoms attending on gastric ulceration. In fact, one can hardly avoid questioning, whether they are not rather the result of neuralgia, or of the concomitant catarrhal inflammation, which is so often present that Rokitansky affirms it is constant. This view is still further confirmed by the occasional occurrence of cases in which no symptom of indigestion whatever, or gastric pain precedes the sudden outburst of hæmorrhage, or fatal peritonitis, announcing perforation of an artery, or of the wall of the stomach. In some cases, certainly, the symptoms are strongly marked, and the nature of the malady very apparent. Persistent, wearing, gastric or dorsal pain, increased by food, emaciation, pallor, a sunken morose aspect, with repeated attacks of hæmatemesis, leave no doubt as to

the nature of the disease ; but, between these typical cases, and those in which there is an utter absence of all gastric uneasiness till the hæmorrhage or perforation occurs, there is every shade of variety to be met with. In particular, the too common error deserves to be noticed that severe pain is a reliable sign of ulceration, and the more so in proportion to its severity. *Severe* pain is much more often a sign of mere gastralgia than of actual organic disease, especially if it be paroxysmal.

3d. The great benefit of a tonic plan of treatment steadily carried out. In several of the cases recorded the effect was very marked. Of course, it is essential that the stomach should be in a state in which the tonics are well borne ; if this is not the case they must prove injurious. The coexisting catarrhal inflammation may require appropriate treatment, perhaps some leeches, or a blister, but as soon as tonics can be safely commenced, they should be employed, and then steadily continued as long as there is a manifest gain in general health and strength. We can have no positive assurance of the healing of the ulcer, we can only proceed on probabilities. Now it is notorious that an ulcer, whenever we can see it, is most favorably circumstanced for healing, when the system is in full health and vigour, and all impediments to a free circulation of blood in the part are removed. If, therefore, we have reason to believe that the portal circulation is free, and that there is no active inflammation of the gastric mucous membrane, we have no more pressing indication than to improve to the utmost the general power, in order that the nutrient and reparative processes may go on as actively as possible. We shall see this still more clearly, if we hold in mind that the ulcerative process in its simple and uncomplicated form is essentially dependent on local decay, not in any wise on increased action. The perforating tendency especially marks this asthenic quality. It is the clean cut ulcers, with level edges showing no trace of exudation, that most often produce perforation both in the gastric wall and in the cornea.

One very essential part of the tonic treatment will consist in the administration of nourishing food. This, of course, requires judgment ; if the nutriment is not easily digested, if it causes pain and uneasiness, it will aggravate the local disease ; but if it is borne well, it will act beneficially by supplying abundantly the materials of healthy blood, and so promoting nutrition. To ensure easy digestion an hour at least should be devoted to complete repose after each meal, and the process may be further assisted if necessary by pepsine, or lactic acid. All immoderate distension of the stomach should be avoided whether by copious or bulky food, or flatulent secretion.

Tabular statement of seventy-two cases of Hæmatemesis.

Case.	Name.	Sex.	Age.	Age when hæmatemesis first occurred.	Previous occurrences to hæmatemesis.	Symptoms, occurrences while under observation, and some time before.	Result—Treatment.
1	S. H.	F.	22	22	Rheumatic fever; amenorrhœa; health generally good	On recovering from rheumatic fever had hæmatemesis recurring every day for a month, ceased the last week; pain afterwards in right hypochondrium and between shoulders, none after food	Improved much under tonics, could eat her food comfortably after seventeen days of treatment, not seen since.
2	E. B.	F.	29	28	None stated	A teacupful of blood vomited on several occasions in course of nine months; epigastrium tender, food causes pressing pain; interscap. pain; menorrhagia	Attended only one week.
3	L. B.	F.	23	23	Was rather ailing for three or four years, but digestion pretty good. Pneumonia eighteen months before hæmatemesis	Gnawing pain after taking food, which lies heavy; recurring diarrhœa; anæmia; debility; a year after was seen again and treated for weak digestion	Treated steadily for three months by tonics, sedatives, and cod-liver oil. Improved greatly, was better than she had been for four years.
4	M. W.	F.	27	27	Widow, confined six weeks ago, extremely overworked; indigestion for one month; nausea and epigastric tenderness before hæmatemesis	Most marked debility, overwork continued; thirst, nausea, retching and anorexia; temporary benefit from tonics; recurrence of hæmatemesis	No recurrence of hæmatemesis one year later. Not known.

Case.	Name.	Sex.	Age.	Age when hæmatemesis first occurred.	Previous occurrences to hæmatemesis.	Symptoms, occurrences while under observation, and some time before.	Result.—Treatment.
5	M. S.	F.	40	40	Sickness for fourteen days before hæmatemesis	Hæmatemesis to nearly Oij four months before admission; sickness three or four times a week since; epigastric tenderness; pain and vomiting two hours after food; appetite poor; amenorrhœa four months; debility; syncopic attacks	Treated by astringents and sedatives with oil, after by nitric acid and oil; improved very greatly. Treated again two years and a half after for indigestion with great benefit. Hæmatemesis had not recurred.
6	M. Wh.	F.	40	40	Very subject to rheumatism; no definite mention of prior dyspepsia; amenorrhœa succeeding menorrhagia	(I) five months; hæmatemesis to Oj last five days; much epigastric and lumbar pain, food either vomited or passed per anum quickly; continued thirst; attacks of syncope	No steady treatment.
7	C. F.	F.	36	36	Bad digestion two years; much trouble; a brother died at same age with hæmatemesis	(II) six weeks, attacked while at work with violent pain in chest, vomiting of blood, and syncope; hæmatemesis has recurred twice since; is trembling, weak, and giddy; meat causes pain; lungs emphysematous	Some recurrence of hæmatemesis after fourteen days; improved to some extent under tonics. Treatment broken off by non-attendance.
8	Ch. Ald.	F.	24	24	None till eight days before, when had nausea and pain in stomach, being affected by bad smell from a sick-room; overworked; catameniascanty	Vomited about Ovij of blood in twenty-four hours; pain in stomach ceased after hæmatemesis set in; digestion feeble, but no remarkable symptoms except occasional nocturnal attacks of pain and diarrhœa	Treated by astringents, tonics, and sedatives, with much advantage. Had much improved when she left for country after five weeks.

9 S. B.	F.	24	24	Overwork; pain after solid food, and vomiting of same; not strong for four years; catamenia ceased after one day, two to three days before hæmatemesis	After sick head-ache for two or three days took two pills, and immediately vomited, first, mucous matter, &c., and then Oss of pure blood. No emaciation	Under treatment by nitric acid and gentian about two months. Improved greatly.
10 M. Pr.	F.	34	32	Stomach disorder on and off for fifteen years	Pain at chest; vomiting of all food directly, or in an hour and a half, in paroxysms lasting two to four weeks; in intervals can retain her food fairly; no marked epigastric tenderness; hæmatemesis recurred five weeks after admission	Under treatment four months and a half, improved a good deal under tonics and sedatives.
11 O. M'C.	M.	59	57	Same as after hæmatemesis	Heartburn, very severe pain, worse after eating; no epigastric tenderness; lungs emphysematous; apyrexia	Treated seven weeks, much improved by tonics.
12 S. D.	F.	30	28	Got out of health by coming to reside in London; had indigestion and a sense of distension at stomach for two months, lost strength and flesh; after great pain at left side for two or three days faintness occurred, and then hæmatemesis to a washhand basin full; the bleeding continuing fourteen days	Often has pain at lower abdomen, sensation of gathering at lower sternal region, then violent retching and rejection of clear water; food does not cause pain, but turns acid and is vomited often; interscapular pain; no epigastric tenderness; catamenia regular; ceased for some time after hæmatemesis	Apparent complete recovery by tonics and change of air. Recurrence of indigestion four months after, but no hæmatemesis.
13 F. Pr.	M.	62	44	Not mentioned; second attack of hæmatemesis eighteen years after first	Health pretty good, frequent "bilious attacks." Frequently has pain after eating, food turning acid and being often vomited; immediate relief from soda; sharp epigastric pain, but no tenderness; has also had pain in loins, and sense of heavy weight at back of neck	Improvement commenced under tonics. Ceased attendance.

Case.	Name.	Sex.	Age.	Age when Hæmatemesis first occurred.	Previous occurrences to Hæmatemesis.	Symptoms, occurrences while under observation, and some time before.	Result—Treatment.
14	F. Pab.	F.	33	33	Always ailing, subject to catarrh	Epigastrium tender (hysteric?) solid food does not digest well, but pain is not more after eating	Treated three months steadily with astringents, cod-liver oil, acids, and quinine. Digestion became quite comfortable and strength improved.
15	S. P.	F.	27	22	No disorder of digestion before hæmatemesis, ever since it has been uncertain and failing; first amount = Ovj in fourteen days	Hæmatemesis after four years and three quarters; has now choking pain after food, followed in two hours sometimes by severe interscapular pain; crampy pain round shoulders; poverty; seven months and a half after seen again with vomica in right apex	Treated about one month; some benefit from steel and opium with blister to epigastrium. Bismuth useful.
16	A. J.	F.	34	34	Continual pain at chest; before this had inflammation of eyes. Oij of coagulated blood vomited six weeks before admission	Catamenia too profuse, regular; violent inward pain referred to lower sternal region, not increased on pressure nor by food; feels much better when quiet; after any exertion vomits up clear water and has increase of pain; benefit from stimulants; bad appetite; no thirst; severe relapse of pain and vomiting after over-exertion	Benefit from Citr. iron and quinine. After relapse, apparent cure by strychnia and Ferri and Mang. Carb.
17	F. C.	F.	40	36	No symptoms of indigestion. Recovered from hæmatemesis by going into country, and has been well ever since	Mid-sternal pain passing to between shoulders, sometimes very severe for one or two hours; always worse after food, most after liquids. Tea, and bread and butter cause as much pain	Treated by citrate of iron and quinine for about one month, when she got apparently quite well.

18	E. F.	F. 75		<p>as meat; brandy and water, and fresh air give relief. Pulse feeble; circulation languid; tongue natural. Lifting a weight causes much pain at epigastrium</p> <p>Extreme exhaustion a quarter of an hour after food, which lies heavy, but does not cause much pain. Has copious cold sweats at night; had several recurrences of fainting or leipothymia, and of rejection of blood once to Oiss; copious leucorrhœa</p>	<p>Much benefit from iron, quinine, and strychnine, with change of air.</p>
19	E. Ch.	F. 27	<p>Suffered with bad digestion four years. She and all her family are subject to bilious attacks, occurring every one or two months, and lasting two or three days. In these she vomits watery fluid and food, and the motions are blackish. In one of these had hæmatemesis to Oijj</p>	<p>General debility, and increased appetite since hæmatemesis; not much pain after food; slight epigastric tenderness</p>	<p>Treated at first by nitromuriatic acid and Taraxacum, with small repeated doses of blue pill for one month, then for two months with iron and quinine; under this improved very greatly; was in better health than for four years.</p>
20	C. P.	M. 21	<p>Said to have had enteritis and peritonitis eighteen months ago; continued afterwards well for one year; had then an epileptic fit and vomited Oij of blood; had two fits before; has suffered from pains in bowels since</p>	<p>Aching pain relieved by leeching epigastrium, increased by food, flatulence. Food rejected by a kind of rumination; no discoverable disease of thoracic or abdominal viscera; severe frontal headache when bowels are confined</p>	<p>No notable improvement.</p>
21	S. Ar.	F. 45	<p>Catamenia recur every fourteen days and last seven. Her family are prone to hæmorrhage. If she gets the least cough expectorates blood</p>	<p>Suffers with recurring eczema (slight), neurolysis, bleeding hæmorrhoids, and menorrhagia. No special stomach symptoms; not at all anæmic</p>	<p>Great benefit from strychnia and tannin.</p>

Case.	Name.	Sex.	Age.	Age when hæmatemesis first occurred.	Previous occurrences to hæmatemesis.	Symptoms, occurrences while under observation, and some time before.	Result.—Treatment.
22	W. S.	M.	35	35	One year ago temporary paralysis from a fit; cough last winter; no indigestion before hæmatemesis.	Strained himself while lifting a weight; copious hæmatemesis followed immediately; has had indigestion since. Blood passed in stools; lungs sound	Great improvement under bismuth and tannin, strychnia, iron, quinine, and Ol. Morrh., gaining strength every day at seven weeks date from commencement of treatment.
23	E. M.	F.	32	32	Always healthy. Last four or five months has suffered much from weak digestion and palpitation of heart; of large, lax make; catamenia regular	Hæmatemesis to Oij two days before admission; has nausea; much thirst; no appetite; cool skin; feeble pulse; tongue nearly natural; heart and lungs sound; epigastrium soft and painless	Bismuth and tannin of much benefit; took quinine afterwards. Left hospital to go to country in three weeks; was very weak, but took fish, an egg, &c., comfortably.
24	M. A. W.	F.	25	25	Food has not digested well for three or four months before hæmatemesis; felt faint and sickish seven days before	Hæmatemesis occurred at a catamenial period; the flow stopped after two days in afternoon, and the blood (Oiss) came up at night. Some indigestion, but no epigastric tenderness, or inter-scapular pain; heart and lungs normal	Treated nearly three weeks with quinine, strychnia, and iron and quinine; gained much strength; food digested quite well. Catamenia absent last period.
25	J. B.	M.	50	43	Never had any stomach ailment at all before first attack of hæmatemesis; of short, stout make	Repeated attacks of hæmatemesis during seven years; once vomited five measured quarts. Suffered with severe dyspepsia, flatulence, loss of appetite, retching, purulent urine, anæmia, debility; vomit has several times contained sarcinæ	Benefit from Argenti Nitrat. and lactic acid. No steady treatment yet.

26	A. S.	F.	43	43	Ill nearly a year, after some heavy laundry-work felt she had strained her left side, and ever since has had pain there, and no appetite. Has now exceeding tenderness all about the epigastrium, and both hypochondria, as well as both sides of chest at lower part. The pain destroys all rest, is relieved somewhat by hot brandy and water. She cannot touch solid food, and is extremely emaciated, with arid, raw, aphthous tongue, and a feeble small pulse. No fever or thirst. Distinct pulsation in front of upper abdominal aorta; three months ago there was a marked bruit all along abdominal aorta, and audible even in sacral region. Hæmatemesis occurred about fourteen days before death, together with bloody stools, and lasted seven days. Died exhausted	No relief from large doses of opium; posterior wall of stomach most extensively destroyed by ulceration; a large splenic vein and two large splenic arteries lay, open-mouthed, in the ulcer; stomach adherent to left lobe of liver and pancreas.	
27	Ph. C.	F.	35	35	No disorder of digestion; hæmatemesis during a catamenial period, toward its close; catamenia irregular, sometimes excessive, and then absent for long intervals	Suffering with neurolytic disorder; varicose veins in leg	Some benefit from bismuth; tonics failed.
28	A. D.	F.	20	20	Ill nine months, suffering with pain in epigastrium and lower sternal region; made much worse by food, especially meat; tenderness on ressure; nausea; no appetite. Has vomited blood in small quantities two or three times every week during all her illness; it has been mixed with phlegm. Food vomited before admitted. Has occasional chills, and heat flushes, and nocturnal sweats. Not emaciated notably	Had ice, and afterwards pepsine; soon recovered; gained four pounds in one week.	
29	M. A. L.	F.	42	42	No illness before her present. Suffering for thirteen weeks with pain of right knee, no swelling. Blood has been brought up last ten days, it is not vomited, but rises up into mouth. Some sickness in morning. Pain at epigastrium. Appetite bad. The rejection of blood continued to recur frequently for four or five months. The knee pain was so severe as to suggest amputation	Rejection of blood ceased under the use of carbonate of iron; knee pain gradually subsided.	

Case.	Name.	Sex.	Age.	Age when Hæmatemesis first occurred.	Previous occurrences to Hæmatemesis.	Symptoms, occurrences while under observation, and some time before.	Result.—Treatment.
30	J. O'C.	F.	35	35	Hæmoptysis and bloody stools at æt. 14; catamenia regular; excessive leucorrhœa, and three months until last two; neuralgic pain of right foot and shoulder; febricitation; sensation of nausea	Impaired digestion; rejection of blood without vomiting in afternoon and night of most days to $\frac{3}{4}$ or $\frac{3}{8}$ daily; lungs and heart sound; aguish symptoms; occasional vomiting of blood in larger quantity; loss of cerebral power (temporary), and stupor	Much benefit from quinine for a time; subsequent failure of all remedies. Complete recovery for more than two years, after a voyage to Ireland, and short stay there. Subsequent recurrence of hæmatemesis.
31	H. R.	M.	49	49	None specified. Hæmatemesis occurred after a fall on epigastrium; quantity = Oj	Ascites, anasarca, sign of valvular disease, dyspnoea, breathlessness, cough. Death	Heart enlarged, aortic and mitral valves diseased; lungs engorged; liquid in both pleuræ; liver cirrhotosed; kidneys somewhat atrophied.
32	E. W.	F.	55	55	Sense of burning heat at epigastrium brought on by the least amount of food; relieved in about one hour by vomiting of watery and tenacious mucus and ingesta	$\frac{3}{4}$ j of blood vomited; tenderness above umbilicus; urine deposits uric acid. Catamenia ceased	Much benefit from hydrocyanic acid, Arg. Nitr., bismuth, and afterwards tonics and astringents.
33	E. Pr.	F.	27	27	Dyspepsia, severe pain after food, relieved by hydrocyanic acid and careful diet	Intense pain after food; extreme epigastric tenderness; comparative ease when stomach was empty. Vomiting and some hæmatemesis occurred	Cured by tannic and nitric acid, sedatives and counter-irritation having failed.
34	J. H.	M.	58	55	Suffered more than twenty years with occasional attacks of pyrosis and epigastric pain coming	Same as before hæmatemesis. Great benefit from two voyages to Madeira; subsequent recurrence of bad symptoms	Post-m. showed perforation of stomach by an ulcer and effusion with peritonitis.

35	M. A. L.	F.	25	on one hour after meals, sometimes attended with vomiting. Symptoms increased by anxiety	toms. Death in forty-eight hours after sudden occurrence of perforation	Liver in state of acute yellow atrophy.
36	C. Q.	F.	33	Continual vomiting of yellow matter; passing into coma, in which she died before death	Copious hæmatemesis shortly after	Stomach healthy, liver cirrhotic. Spleen large. Copious ascites.
37	J. D.	F.	39	Always subject to vomiting and sick headache recurring once a month or oftener. Digestion bad for a long time; catamenia regular	Much blood vomited and passed in stools; hepatic resonance diminished; ascites; diarrhoea; urine albuminous. Died	Much benefit from calomel, with aperients, and nitromuriatic acid with taraxacum.
38	M. A. K.	F.	40	Indigestion for years; hæmatemesis to Oj one year before	Appetite lost; pain from food passing from left side to epigastrium; tongue coated; epigastrium tender	Much benefit from sedatives, astringents, and tonics.
39	A. W.	F.	17	Severe pain, and heat of epigastrium, rising in throat, chiefly after food. Vomits thick phlegm and froth. Hæmatemesis slight	Hæmatemesis slight (Left side pain increased by exertion; slight rejection of blood in mornings; digestion bad; catamenia regular; rejects more blood during periods of catamenia)	Slight benefit from tonics and antispasmodics.
40	Mr. Hol.	F.	34	None stated	Was ill a good while after copious hæmatemesis; digestion not strong since, but otherwise well.	—
41	M. Fitz G.	F.	60	Mental trouble and poverty; stomach irritable	Ptyrosis; pain at stomach; indigestion; syncope	Improved under use of bismuth, alkalies, and muriatic acid.
42	El. B.	F.	14	Articular rheumatism, and pericarditis	Epistaxis; slight hæmatemesis; delusions	Ordinary treatment of rheumatism. Recovered.
43	M. C.	F.	36	Cholera soon after confinement; ailing ever since; disorder of stomach (slight) before hæmatemesis; bad appetite	Serous effusion in left pleura removed by paracentesis	Recovered.

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44	W. St.	M.	26	26	No ague. Digestion generally good, but has been impaired till lately	Considerable enlargement of spleen; copious hæmatemesis three times in about four months; liver not enlarged; anemia; ascites	Remained in about same state.
45	M. Ed	F.	30	—	Is often sick, and vomits very black stuff at the catamenial period, and then only. Ill two years with pain in right side, and very bad digestion		Relief from sedatives.
46	M. A. T.	F.	60	—	Ill two or three years, suffering at intervals with severe paroxysm of gastric neuralgia; after emetics has vomited Oss of blood mixed with phlegm	Great benefit from quinine and iron and potass. iodid.	
47	Mrs. D.	F.	50	41	Disorder of stomach, pain after eating. Vomited two quarts of black blood	Excessively hyperæsthetic, suffering with all sorts of nervous disorders	Some benefit from bismuth.
48	S. L.	F.	4½	4½	Ever since severe attacks of pertussis, æt. 1½ year, has been subject to vomiting of food, latterly a little blood has come up with it	Has pain about umbilicus. The vomiting chiefly occurs at night; blood in small quantities frequently vomited	Some benefit from acids and sedatives.
49	H. T.	M.	44	41	Debility, vomiting of food, which lies heavy. He drank a good deal	Same symptoms. Husky cough; gradually sank and died. I regarded his disease as cancer of the stomach	No medicine of any avail.
50	C. C.	M.	29	29	Ill ten weeks with nausea; much flatulence, and vomiting of green bile, occasionally mingled with blood in small quantity. The vomiting occurs after eating most days. Is generally healthy		Strychnia of much benefit.
51	C. K.	M.	34	24	During first two years of illness vomited small quantities of blood twice or thrice. Of late years he has vomited larger quantities, and oftener. Last two years has vomiting every day, quantity varying from 3j to 3x, usually vomits about 4 a.m., sometimes brings up acid water and phlegm before the blood. Has constantly a burning hot sensation at		Bismuth, quinine, hyposulphite of soda, and leeches to the epigastrium failed to be of any service.

52	C. T.	F.	23	the epigastrium, much aggravated before and after the ejection. Much epigastric tenderness. Had ague thirteen years ago. Tubular and weak breathing at upper parts of both lungs. No sarcinæ in vomit. No tumours to be detected. Not much blood was vomited while in hospital	
			23	Has catamenia every three weeks, and too profusely. At these periods blood comes up from mouth by retching, with nausea and faintness. Has bad appetite, and pain after eating	Much benefit from strychnia and quinine and iron.
53	J. Hd.	F.	60	From infancy to adult age sub-After a dose of castor-oil copious and repeated hematemesis; blood passed also per anum ject to severe epistaxis. Poorly and weak for some days. Deadly faintness occurred twice in one morning, and in about two hours complete and prolonged syncope. Hardly knows what indigestion is. Lives in an aguish district	Bleeding stopped by styptic powders with opium, a course of gray powder after. Health quite restored by nursing, no relapse to this date.
54	Cath. Hd.	F.	67	Stomach delicate; vegetables disagree. Pallor and debility before last attack, which was at first moderate, but caused much prostration, and was succeeded in twelve or thirteen weeks by a most copious hematemesis, which all but destroyed life	No return of hemorrhage for four years; appetite good.
55	M. Wt.	F.	30	For three months has been bringing up blood with straining effort, about half a cupful a day for last fourteen days. No pain after food, but violent pains round waist every now and then; great poverty and debility. Has cold sweats and shivers. Chest healthy. If she cannot get food at 11 a.m. syncope occurs	Benefit from being better fed.

Case.	Name.	Sex.	Age.	Age when Hematemesis first occurred.	Previous occurrences to Hematemesis.	Symptoms, occurrences while under observation, and some time before.	Result.—Treatment.
56	R. Ch.	F.	45	38	Ill eight months, suffering with pain at epigastrium, between shoulders, and almost everywhere constantly, but it is worst after food. Has had copious hematemesis twice. Has had eight children. Suckling until last hematemesis. Great sense of sinking at epigastrium. Urine as clear as water	Temporary benefit from bismuth and Fer. and Quin. Citr.	
57	A. Dav.	F.	67	67	Chronic bronchial catarrh; emaciation; debility	Was attacked with sickness and giddiness in the night, and vomited blood; had much pain in chest and abdomen	Much benefit from gallic acid and tonics.
58	S. F.	F.	65	65	Copious hematemesis some months ago	Symptoms of gastric and bronchial catarrh	Much benefit from tonics and cod-liver oil.
59	Mr. —	M.	40?	40?	Rheumatism of hand, knees, and ankles	Four or five days after rheumatism set in began to vomit blood and to pass some per anum. Exceeding prostration; stomach very irritable; numerous purpuric spots on thighs	Benefited greatly from quinine, morphia, and creasote, with tannin; but relapsed in a while, and died in a state of "typhus fever."
60	E. B.	F.	29	29	On three occasions has had vomiting of blood, not very copious, during the presence of the catamenia. Has symptoms of uterine congestion and relaxation. Has aborted three times. No complaint of indigestion	Benefit from strychnia and iron.	
61	M. D.	M.	53	53	Getting ill last six months gradually; vomited a large quantity of blood	Stomach very irritable; emaciation extreme; lungs emphysematous; abdomen greatly shrunk	No amendment; went out in same state.
62	Eug. M.	M.	28	28	Has at various intervals paroxysms of opisthotonos, in some of which he vomited a small quantity of blood. Was first attacked two years ago, at Calcutta	Had large doses of quinine without benefit.	
63	W. L. H.	M.	40	40	Urine very dark coloured, containing blood (?); vomited some clotted blood a few days ago; symptoms are those of severe lumbar rheumatism chiefly. Liver congested (?)	Very much benefit from Ammon. Murias and Pot. Iodid.	

64	J. H.	F.	24	24	Ill three days, at first was sick and vomited much blood, passed blood per anum five weeks ago, has no piles. Suffers from very severe cramp-like pains in abdomen, thirst, anorexia, bad cough; right hypochondrium tender	Much benefit from leeches to abdomen. Gray and Dover's powder; subsequently iron and quinine.
65	Dr. W.	M.	46	46	Considerable ascites and anasarca; urine very highly albuminous	No treatment of any avail. Liver in an extreme degree of cirrhosis.
66	Ch. C.	M.	10	10	Symptoms of nervous prostration and loss of speech were preceded by retching, in which he brought up nearly Oss of blood. Epigastrium tender	Recovered with iron and quinine and country air.
67	M. Fr.	F.	49	49	For nine months before hæmatemesis felt pain at epigastrium and left side, and between shoulders, increased after food, and has been drooping	Improvement from acids and astringents; treatment not continued.
68	J. P.	M.	31	21	Hyperæsthetic, very anæmic, very weak, severe præcordial pain, food lies heavy, but has no particular pain after eating. No epigastric tenderness. Has had hæmatemesis four times in ten years, the last time two years ago	Attended only one week; took strychnia and iron and quinine with benefit.
69	A. D.	M.	19	19	Epileptic fits and masturbation	—
70	R. P.	F.	57	57	Not much dyspepsia before the attack	Attended only a short time; was benefited by Fer. c. Quin. Citr. Pyrosis occurred subsequently, but no hæmatemesis.
71	E. B.	F.	44	42	Palpitation only; no indigestion. Palpitation attended with sense of strangulation, numbness of lips and hands. Eight children. Eyes have been badly inflamed; left blind	Treatment interrupted.

Case.	Name.	Sex.	Age.	Age when Hæmatemesis first occurred.	Previous occurrences to Hæmatemesis.	Symptoms, occurrences while under observation, and some time before.	Result—Treatment.
72	M. St.	F.	69	53	Abdominal pain above and below navel, of gnawing, sickening character. Meat always vo- mited for a year. Stomach free from pain when empty	Same symptoms, with increasing dys- phagia the last seven weeks. Can only take fluid. Frequent vomiting; great debility; emaciated.	—