

Prognosis is not good. 65 per cent. of the reported cases ended fatally, but it is probable that many mild cases are overlooked. The duration varies. Some ended fatally in two or three hours, others lingered several days—one as long as sixteen days. Of the cases which recovered, some, when suitable treatment is instituted, relief is almost immediate, while in others it took several days.

TREATMENT.

Preventative. Patients should be given no large meals while in bed. Nourishment following an operation should not be commenced too soon. Patients should be allowed to change their position and move onto the side occasionally.

Active Treatment. Stop all ingesta by the mouth. Pass stomach tube immediately, no matter how moribund the patient may seem. Tube should be passed far enough, as the stomach is often distended, so the tube needs to go much further than usual. The stomach should be well washed and the tube repassed on the recurrence of any symptoms. Foot of bed raised. Good results have been obtained by placing patient on the abdomen or even in knee-chest position. Eserine given and continued until bowels are freely opened. Stimulants—hypodermically as required.

Operative Treatment has been tried in some cases and the stomach drained or gastro-enterostomy done, but the results have not been encouraging, while the remedial treatment if understood early promises good results.

The fact that I wish to leave with you is that this condition is much more frequent than is generally recognized, and if not diagnosed and properly treated is very fatal in its results, and my hope is that the recital of these cases may aid in the recognition of this condition, which I am sure arises sooner or later in every man's practice.