

several conditions which produce mechanical changes in the intestine, as to the mode of absorption of poisonous products, and as to the best modes of treating the several troubles as they arise, but I trust that the discussion, which, I feel sure, will be a very full one, will help up to materialize our views on a subject which I believe to be one of the biggest and most important which we have handled recently.

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## ACUTE POST-OPERATIVE DILATATION OF THE STOMACH.

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THIS rare but very serious complication of operation, especially upon the abdominal or the pelvic viscera, has a number of probable explanations. Of these the following are the chief:

1. Nerve lesions and circulatory disturbances, e.g., section of the vagus nerves experimentally in animals has produced acute dilatation in the stomach.

Injury to the stomach wall may also produce it; also reflex disturbances of the circulatory system, e.g., too long in the extreme Trendelenburg posture, which impairs the heart action and *à priori*, the circulation in the gut wall. When seeming to arise from such causes, i. e., when the cause is *not* inflammatory, eserine sulphole gr. 1-60—q—6 hrs. may do good.

2. Paresis of the stomach or intestinal wall due to the circulation of toxins from the alimentary tract, or else some acute infection.

We are only now just beginning to realize the great frequency of blood infections—i. e., the presence of the germ in the blood-stream at a very early period of the infection, hence the extreme value of blood-cultures.

For example, the infection of the gall-bladder and bile-ducts is very probably through its bacteria being carried to the liver in the portal blood-stream, and then being excreted in the bile and thus infects the ducts.

According to Lennander, distension of the stomach or intestines is due chiefly to the action of the toxins upon the plexuses of Auerbach and Meisner, thus paralyzing the stomach walls and allowing the toxins to pass through by diffusion, owing to the stomach wall becoming "water-logged" with lymph—also the infiltrated and œdematous stomach wall fails to transmit the peristaltic wave.

As to the source of the toxins: it has been determined that in