

spasm of the pylorus and body of the stomach. The patients complain of sensations of fullness and pressure in the epigastrium, belching, pain in the region of the stomach, nausea and vomiting. The gastric distress is generally aggravated by eating and frequently partially relieved by belching. Vomiting also generally gives partial relief.

With regard to subjective symptoms referred to the region of the appendix there may be no complaint during the early stage when the patient may suffer from gastric symptoms. This is an outstanding feature of acute appendicitis. At this time, however, there is usually tenderness on deep pressure in the region of McBurney's point. The question arises, Why should the patient suffer from distress in the region of the stomach without distress in the region of the appendix? The most acceptable explanation, in view of the X-ray findings already referred to, is that a spasm of the cæcum is present sufficient to close the ileo-cæcal valve, but not sufficient to cause pain in the region, and that secondary to closing of the ileo-cæcal valve ensues spasm of the pylorus, resulting in the gastric symptoms which characterize acute appendicitis. In chronic appendicitis, and especially in its exacerbations, symptoms referred to the stomach are very common. These are generally relieved by removal of the appendix alone, even in cases in which adhesions that might lead to organic obstruction or disturbance of the mechanism of the ileo-cæcal valve are absent. From this it would appear that in acute or chronic inflammation of the appendix the gastric symptoms may be secondary to spasm of the cæcum. This is supported, I think, by the experience of surgeons.

*Organic Obstruction of the Ileum as a Cause of Ileo-stasis.*— In studying the genesis of gastric disturbance in organic obstruction of the ileum, it is well to remember that obstruction of any part of the stomach or intestine tends to produce increased peristalsis tonus of the part proximal to the obstruction. This is a physiological principle to which there is no exception. In organic obstruction of the ileum one should expect to find, therefore, signs and symptoms of increased tonus and peristalsis of the stomach and small intestine proximal to the seat of the obstruction. This is generally true in all cases of uncomplicated organic obstruction of the ileum.

In a case of marked obstruction of the lower end of the ileum, such as that sometimes caused by Lane's kink, radiographic examination frequently shows hypertonus and excessive peristalsis of the stomach, with a residue of barium after six hours. The subjective symptoms in such a case are belching, eructations, sensa-