

is near the pylorus, but differs in a tendency for only certain sorts of food to be vomited, although other food was ingested at the same time. The more easily digested foods pass through the stricture and are not vomited. Vomiting occurs soon after eating if the stricture is near the cardia, and only a small part of the food ingested is vomited. If the stricture is central, as is usually the case, the vomiting occurs in two to three hours, and in several portions. There may be apparent vomiting after eating, but nothing come up if the cardiac portion is irritated and empty and the pyloric portion is dilated and too weak to empty itself through the stricture. In some cases the matter first vomited is recent, and later old and decomposed; this is also seen in some cases of extreme dilatation following pyloric obstruction. The pain is more severe than that of ulcer and less amenable to treatment. It is not so promptly relieved by vomiting, and returns sooner when food is taken or the patient rises after a treatment in bed. The pain which accompanies vomiting is especially violent.

Valuable information is given by the observation of lavage, but the chemical examination of the stomach contents is of little value. With the patient in the erect posture the stomach is repeatedly washed until the water returns clear; the patient then leans toward the right or backward, and there is often a sudden flow of fresh or old and decomposed food, which has come from the pyloric part of the organ. In other cases the lavage water fails to return. "It seems as though the stomach had a hole in it." The double form of the stomach may be shown by palpation and percussion of the organ dilated with gas or water, or may be shown by intragastric illumination with a gastric electric lamp. The most conclusive method is, however, the examination with the fluoroscope after ingestion of bismuth. Several hours must elapse between the ingestion and the illumination, as the bismuth may pass the stricture slowly. The treatment is not very satisfactory. It is rarely possible to unite the two portions of the stomach more freely, and the most effective treatment at present seems to be gastroenterostomy. Even if a plastic operation on the stomach is performed, a gastrointestinal fistula should be added.—*Therapeutic Gazette*.

---

Professor Friedrich Muller has been awarded the Order of the Bavarian Crown in recognition of his professional eminence.—*Medical Press*.