

stomach. Three of his cases showed definitely the origin of the cancer at a healing peptic ulcer. A relationship, however, is not to be made out between gastritis and cancer, although in eight cases a history of excess alcohol was present.

The situation of the malignant growth was far the most frequently at the pylorus (55.7 per cent.). General involvement of the stomach was next in frequency, with 10 per cent., and the cardia was involved in 8.7 per cent. of the cases.

The author distinguishes three types of pyloric cancer; the first of which is limited to the pylorus; the second spreads diffusely from the pylorus; and the third extends from the pylorus into the duodenum. The histological characters of the growth are of two kinds; the cylindrical celled and the spheroidal celled cancers, the latter being most frequently met with. The histological growth, however, has no relation to the incidence of metastases or to ulceration. The œsophagus is found to be the chief seat of primary growth in secondary cancer of the stomach; the pancreas follows next in order of frequency.

E. D. TELFORD. "A Case of Acute Dilatation of the Stomach." *Medical Chronicle*, 1907, xlv, p. 227.

Acute dilatation of the stomach is a rare disease, difficult of diagnosis. The case reported by the author is incomplete in that the clinical history is wanting. The disease occurred in a boy of sixteen years, who was taken ill with severe pains in the upper abdomen. These improved after about twenty-four hours, but returned again on the third day, with profuse vomiting. This continued for some hours, when he suddenly collapsed and died. Death thus occurred within three days of the onset, and thirty-five hours after the first vomiting. The stomach was found to be enormously distended, containing six pints of fluid. This distension also occupied the first and second parts of the duodenum, while the third portion of the duodenum was collapsed. The pylorus was so distended that it was almost imperceptible. The author was unable to satisfy himself that the crossing of the superior mesenteric vessels had constricted the bowel. It was only possible to affirm that the distension ceased at the point at which the vessels crossed. The case appears to have been a typical one of acute dilatation of the stomach; but, like many of the other reported cases, the exciting cause was difficult to determine. The boy had been in good health, and had not suffered from any debilitating illness which, in some cases, is given to account for the sagging of the small intestines, with the stretching of the mesentery over the duodenum. The enormous amount of fluid,