

Another group is where indiscretions of diet is given as the cause, either by the ingestion of too large amounts or of indigestible material. Twenty-four cases are here recorded. Twelve when the symptoms appeared in persons apparently in good health and symptoms occurred following a single meal; in the other they were suffering from some malady which may have been a contributing factor. Five followed some form of effervescent drinks. One case followed the ingestion of dried apples.

In seventeen cases the condition followed some form of traumatism, but in only five was the traumatism applied to the abdomen. In four cases the injury was to the head or spine.

In four cases no cause could be ascertained, one occurred following a paroxysm of laughter and another followed severe fright.

In twenty-one cases when previous stomach symptoms were inquired for, they were present in eleven and absent ten times. In our cases stomach symptoms were present.

It was found complicating pregnancy in two cases.

A point worth noting is that peritonitis, which one would expect to cause the condition, is only given as the causative factor twice.

Morbid Anatomy. At autopsy the prominent feature is the great dilatation of the stomach; in some instances it has reached to the pelvis. Microscopically in the few cases examined no great abnormality was found. Evidences of chronic gastritis is rare. In thirty-five out of one hundred and twenty autopsies the duodenum is dilated. Obstruction of the pylorus was found in five cases.

SYMPTOMS AND PHYSICAL SIGNS.

The important symptoms are vomiting or nausea, epigastric pain, abdominal distention, collapse, severe thirst, constipation and scanty urine.

Vomiting is almost invariably present and in most cases is the first symptom. The amount vomited is usually large and consists of a dark greenish flocculent fluid, but may be brown or black. The fluid vomited is often very great and is