of comment that in all probability the majority of cases of pyloric stenosis with hypertrophy represented a congenital stenosis with secondary hypertrophy. John Thompson, speaking of this condition in early infantile life, urges that the essential lesion is not a muscular but a nervous one, and that stimuli within the stomach can scarcely be considered as acting to induce the spasm, but rather that there is a delayed or imperfect development. He regards the muscular hypertrophy as due to some sort of over action.

In those cases occurring in adult life, Tigler claims that the mucosa and submucosa are the parts first to receive the stimulation, and in them changes are wrought, as well extensive as permanent. Secondary to this comes the muscular hypertrophy, and then stenosis. There is in all such cases a dilated stomach. In many there may be a stenosis, slight and congenital, or stenosis may arise from other causes and yet the results may be the same. Irritation of the mucous membrane and any condition or situation, etc., determining blood to the submucosa and muscles are factors not to be underestimated.

In reviewing the history of the patient in connection with other cases it would appear that there is some foundation for the belief that for years, it may have been throughout life, there existed an anomalous condition at the pylorus. The diverticulum at the cardiac end certainly is among the anomalies, and such departures from the normal are seldom found singly. One might urge in favour of this view, again, that such a change arising in the course of a few months or even years would be marked by even more violent gastric disturbances, as pain and vomiting. The absence of gastric dilatation is very surprising, in the presence of so high a degree of stenosis.

There remains but to mention the surgical aspect, not so much perhaps of this case, but of those in which the changes are more closely confined to the pylorus. There are reports of cases successfully treated by divulsion and by pyloric resection and there can be no doubt that much remains to be done in these cases, not in the matter of etiology so much as in diagnosis and treatment.

To Dr. Patrick I am indebted for the photographs which illustrate this report.

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