cases of hypertrophic stenosis; there is also the steady emaciation and the constipation. There may be no peristalsis, and the pylorus, if palpable at all, is felt only as a small contracted nodule, not as hard or large as in the cases of hypertrophic stenosis. There are also, once or twice daily, stools which contain a certain amount of milk feces. In hypertrophic stenosis all the symptoms are present to an aggravated extent, but in addition there is marked and disordered peristalsis visible on the abdominal surface. This peristalsis is generally in one direction, toward the pylorus, which, in a great number of cases, is distinctly palpable. The constipation is more inordinate, and the stools show little or no milk feces, only bile-stained mucus."

Eleven of his fifteen cases he ascribes to simple spasm of the pylorus. They all got well without surgical interference, some of them after months of persistent vomiting and extreme emaciation. The sudden cessation of the vomiting observed in many cases, when after many trials, a form of food appropriate to the individual case is finally found, speaks strongly for spasm as against organic stenosis.

Of the four cases of hypertrophic stenosis, two were operated on, one of which recovered, the other died after a secondary operation for complicating mastoiditis. Another died suddenly after being under observation only one day. The fourth slowly recovered after the surgeon had refused operation on account of the weak condition of the patient.

Three of his cases after apparent recovery have shown disquieting late effects. One gradually developed the most severe rickets, while the two others, in their second and third years, are beginning to show an intolerance of solid food, with pain and vomiting. One of these latter was the case of stenosis successfully operated on, and the present symptoms would point to a narrowing of the artificial opening in the stomach.

As to treatment, the majority even of stenosis cases, in view of the high mortality in cases operated on (50 to 75 per cent.), have a better chance without operation. All forms of feeding should be tried, from one or more wet-nurses, down through the long list of artificial methods, scientific and otherwise, if necessary, till the tolerated food is found. Mixtures containing the minimum of fat are probably the best in any case small amounts at longer or shorter intervals. Local applications do good. Stomach washing is useless and often exhausting. Small enemas of salt solution help to maintain nutrition. Opiates, citrate of sodium, and pancreatin, at best give but temporary benefit.

The prognosis in all cases of simple spasm is good. If there are one or two stools daily containing milk feces, one can generally feel that the ultimate outcome will be favourable. W. W. F.