

one-half inch to the right and three-quarters of an inch above the umbilicus. If the abdomen is looked at after a feeding and palpated as the peristaltic wave reaches the pyloric end of the stomach the pyloric tumor will be most readily detected. Palpation laterally is often helpful as suggested by Carpenter. Such is the story of this unique pathology. The very characteristic vomiting, the peristaltic wave, the pyloric tumor, the dilated stomach, a tetrad of symptoms occurring in an apparently healthy baby with a clean tongue and sweet breath whose bowels are constipated.

*Diagnosis.*—The typical picture is as described above. There are many variations from this type. Stasis may be complete, as in cases of atresia, or incomplete, or even more complete than that pictured above.

In studying these cases it is important to keep in mind this typical picture of the disease for the difficulty in diagnosis arises with those cases simulating a general stenosis of the pylorus. Those cases which simulate stenosis are the so-called cases of persistent dyspepsia, infantile indigestion. Infantile cases of functional gastric disturbance, with symptoms suggesting pyloric stenosis, are very common. In these doubtful cases the vomiting will be less regular; it may cease for long periods; it will not be so expulsive; it will be more a regurgitation; the stools will be green and slimy; there may be constipation; there may be diarrhoea; the atrophy, the wasting will be slow; there will be no pyloric tumor. These doubtful cases are spoken of by some writers as instances of pyloric spasm. I agree with Cautley that spasm is an assumption on the part of the medical man to explain symptoms. It is an assumed etiological factor. Probably no hypertrophy was ever caused by spasm, although spasm may explain recurrent vomiting. I think the simplest classification of these cases is into two groups, cases of difficult feeding and of true pyloric stenosis. Cases of pyloric stenosis are almost always instances of partial stenosis. There are certain medical extremists who continually strive to antagonize medical and surgical therapeutics. They try to accomplish blindly what surgery attempts to face openly. They would employ electrolysis for stricture of the urethra. They invoke muscle spasm to explain mechanical conditions, then seek to overcome the muscle spasm by small doses of opium. They urgently advocate treatment for secondary indigestion rather than the removal of the immediate cause of the indigestion, the pyloric obstruction. Babies with stenosis of the pylorus are *not* suffering ordinarily from dyspepsia or indigestion, but from