

are forced intermittently into the duodenum. When the duodenum is filled, the further evacuation of the stomach is inhibited. Now, any malady which interferes with this delicate mechanism may prevent the passage of chyme and cause vomiting. A pyloric tumor or cicatrix may do so by preventing the rhythmical expansion of the pyloric fibres, or by causing a change in the direction of the vermicular motion, or by thrusting a mechanical obstacle before the coming bolus, which will divert its course. So, too, the adhesions around such a diseased segment will prevent the free motion of the gut, or even cause a positive obstruction by producing a bend in the bowel.

Now, the first symptom produced by a beginning pyloric obstruction is one of irritation. The patient complains of indigestion, and has eructations of gas: these symptoms increase in intensity as the disease progresses, and sooner or later he begins to vomit. The stomach, unable to dispose of its contents, becomes distended and prolapsed. The pain becomes more intense, and the vomit, which has at first consisted only of ingesta mixed with the normal secretions, begins to contain mucus and blood, and the products of fermentative changes. It must be noted that bile is always absent from these ejecta. The distension of the stomach usually causes a swelling to the left of the median line, but occasionally the stomach will be so enlarged as to pass completely across the abdominal cavity. The position of the stomach will be influenced also by adhesions which it may form with the surrounding viscera. A tumor, if such exists, may or may not be felt by palpation. It may lie under the liver and be hidden by that organ or by very rigid and tense abdominal muscles.

I wish to insist upon the fact that there are very few diseases, other than obstruction of the pylorus or first part of the duodenum, which can cause just this sequence of symptoms. They might be simulated by the nausea of pregnancy, or by that of a purely nervous character, but rarely or never by chronic dyspepsia. Prolapsus of the stomach may, indeed, cause similar phenomena, but it does so by producing a kink of the duodenum, which itself causes an obstruction.

When, therefore, this train of symptoms occurs, the physician should not lose time by a vain indecision. If he can find no other cause for the trouble, and it persists in spite of all his remedies, it is his duty to call in the surgeon to give the relief which medicinal means cannot possibly supply. This is especially the case when the patient, previously healthy, is steadily losing weight and strength, though it must be remembered that both tumors and