

The subject of the etiology of acute phlegmonous gastritis is a difficult one. In a certain number of the cases recorded the question was definitely settled since the gastric condition was secondary to other conditions such as gastric carcinoma, puerperal infection or pyæmia.

In the majority of cases, however, the gastric condition was primary and no point was discovered where the infecting organisms gained entrance. It seems most probable that the stomach wall itself was in this case the point of entrance into the tissues.

The fact that the condition is more common in men than in women and that a number show a history of alcoholism, has led some writers to give prominence to this factor, but personally I am inclined to think that this is overestimated. Dietetic errors is also given as a possible important factor. Leith points out that in a certain number of cases the disease followed immediately after a meal and in two the patients were in the habit of eating to excess after periods of abstinence.

This seems to me to be much the most important factor and in our case, and possibly in Dr. Wagner's, it seems the most likely explanation.

Both cases occurred in a colony of foreigners who were living under the most unfavorable conditions in regard to food. Dr. Wagner informs me that he made enquiries in regard to the food habits of these people and they seemed to regularly purchase meat which was of the very worst character on account of its cheapness; one member of the colony stated that they never paid more than five cents a pound for meat and as they probably often kept it until almost putrid it is most likely that conditions of gastro-intestinal intoxication would result which would favor, if not actually lead, to infection of the gastro-intestinal tract.

The organism in our case was, as stated above, the staphylococcus aureus. This has been found in other reported cases, but the majority of those which were examined bacteriologically showed the presence of the streptococcus, either pure or mixed with other forms.

INTESTINAL OBSTRUCTION.*

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IT is impossible in the brief time at my disposal to cover the whole subject, so it is my intention to refer chiefly to cases coming under classes, examples of which have come under my notice in recent years.

Anything which offers complete resistance to the passage of the intestinal contents will give rise to a chain of symptoms easily recognized and immediately severe in proportion to the suddenness of onset.

* Read at a Staff meeting of the Toronto Western Hospital.