appearance of the vomiting was the 17th day of life. The vomiting is not the simple overflow of the full stomach seen so commonly in little babies; it is forcible, expulsive, persistent, obstructive. It is not dependent apparently upon the quality of the food, for variations in diet apparently have little effect. The quantity of the food, however, does have some effect. The baby vomits after a feeding, but he may keep down two or more feedings, and then vomit the total feeding. The amount vomited corresponds pretty accurately with the whole amount taken. The child is in some pain after feeding, but is relieved immediately upon vomiting. There are no evidences of nausea. The material vomited is usually the ingested milk. It seldom or never contains bile. In one case recorded in which bile was present the operation was postponed, the surgeon thinking that if bile appeared in the vomitus the pylorus must be patent, and that therefore food would go through. This child died without operation. Hydrochloric acid is rarely increased in amount. There is usually no hyperacidity. There is no blood in the vomited material. Lactic acid is absent. No catarrhal gastritis is present, certainly in the early stages. Constipation is present; little or nothing passes through the pylorus into the duodenum, consequently there is little residue to be passed as a movement. The dejections are meconium-like, consisting of epithelial debris, intestinal secretions, altered bile, and blood. These meconium-like dejections are very significant. The tongue is clean and moist. The breath is natural and sweet. The child temporarily is hungry and ravenous. There is progressive loss in weight; the child being starved wastes away. One instance is recorded of a pyloric stenosis in a plump, fat child. The attending physician was deceived by the plumpness of the child, operation was postponed, and the child died. The temperature is usually sub-normal, the pulse is small and weak. At the beginning visible stomach peristalsis is noticed as a wave passing from the left to the right. This peristaltic wave passing over the stomach is best seen by placing the child uncovered in a good light immediately after feeding. At a later stage of the disease, when the stomach is very much dilated and has lost its tone, this peristaltic wave is less noticeable and not so readily detected. The epigastrium may be considerably distended by the large stomach. Below the umbilicus the abdomen is sunken and depressed, containing the collapsed intestine. In a large proportion of the cases the pyloric tumor is felt. This tumor may easily be concealed by the large liver of the baby, and it may be mistaken for an enlarged gland. It is most readily felt