cases cachexia. If no tumor is palpable it is impossible to make a positive diagnosis without exploratory incision.

Treatment.-In spasm of the pylorus, whether primary or secondary, the treatment should be both etiologic and symptomatic.

In primary spasm the nervous system should receive special attention, and, if necessary, measures instituted to allay excessive irritability, and to improve its tone and strength. For this purpose the bromides of sodium and strontium are generally useful, as are also, if anaemia be present, iron and phosphates. The dietary is very important. The food should be soothing, easily evacuated, sufficient to support nutrition, and not too voluminous. Of the drugs useful in relieving spasm bromides, chloral hydrate, extracts of belladonna, cannabis indica, and coca, and codeine, are the most useful. These may be administered either by the mouth or by the rectum. Codeine phosphate may also be given hypodermically.

In the secondary spasm of the pylorus we should never lose sight of the fact that in probably every case a vicious circle exists. The primary disease causes the pyloric spasm, and the latter, by causing stagnation of food, invariably aggravates the iormer. Measures, therefore, useful in primary spasm are also useful here, as they tend to relieve stagnation of food, and thereby facilitate the treatment of the primary disease of the stomach.

On the other hand, in the treatment of the primary gastric affection, we should look upon spasm of the pylorus as a possible factor in the production of the subjective symptoms and in the genesis of the disease. Thus in gastric ulcer, when the lesion is situated very near the outlet of the stomach, there is usually severe pain, and the disease is frequently chronic and difficult to cure. In this condition it is quite probable that spasm of the pylorus is the agent that causes this variation. In the treatment, therefore, due consideration should be given to Now, the only way to prevent spasm is to give complete it. functional rest to the stomach. Therefore, for a period, and in some cases for a considerable period, there should be no ingesta.

BIBLIOGRAPHY.

Hirsch, Centra'bl, f. Klin. Med., 1892, No. 47.

Von Mering, Tharapeut. Monval, 1893.

Cannon, American Journal of Phys ology, 1904, X p. xviii ; 1906, XV p. xxv.

Pawlow, The Work of the Digestive Glands, 1902.

Bayliss and Stirling, Proceedings Royal Society, Vol. LX1X, 1902, p. 352.