Stomach. Measuring along greater curvature, 48 c.m. Greatest width, 14½ c.m. The gastric wall, 1.4 c.m. in thickness, soft and boggy; on cutting into the wall, purulent fluid oozes from the sub-mucosa everywhere; the mucosa is of a mottled pink and yellow, darker in color towards the greater curvature. At the fundus, in one spot, there is a break of the mucosa, but this looks as if it might be post-mortem; underneath the serous coat one can notice the lymph spaces; the lymphatics filled with sero-pus.

Intestines. Small intestine nothing abnormal; large intestine normal; the appendix vermiformis normal; mucosa pale; lumen contains small amount of fæcal matter.

The other organs show nothing of importance.

Bacteriological examinations were made of the peritoneal cavity and gastric wall.

All the cultures showed a pure growth of staphylococcus pyogenes aureus. The blood infection was so intense that a single drop of blood upon a blood serum slant gave a confluent growth of the staphylococcus. A microscopic examination of smears from the gastric wall and from the peritoneal exudate showed only staphylococci.

Histologically, the thickening of the gastric wall is seen to be chiefly due to the tremendous infiltration of the submucosa with pus; the mucosa also shows some infiltration although not nearly so extensive as the submucosa. The tissue spaces of the muscular coat also show more or less purulent infiltration and in the serous coat the lymphatics everywhere contain pus.

The condition is fairly evenly distributed throughout the stomach, but is more marked about the middle of the greater curvature and becomes less extensive as we approach the cardiac orifice.

The œsophagus is quite free from infiltration. On the other hand the condition extends through the pyloric orifice and sections of the duodenum show the same condition as the stomach but to a less degree, which extends practically as far down as the papilla of Vater.

It will be seen from this short clinical history and anatomical study of the case that it was a very typical example of the diffuse type of acute phlegmonous gastritis.

The clinical features were practicaly the same as those described by Leith and other writers on the subject, perhaps the only point of difference being the presence of the pronounced purpuric rash. The occurrence of a rash is the more interesting as, although it is not mentioned in any of the histories I have seen, it was a prominent feature of a case of Dr. Charles Wagner's which occurred at St. Michael's Hospital about six months earlier. In his case the rash was scarlatiniform.