

toms disappear suddenly, either as the result of vomiting, or from some other cause, the probability in favor of the diagnosis becomes greater, and if in addition we are able to exclude ulcer, hyperchlorhydria, hypersecretion, and other conditions in which pyloric spasm may be associated, one is justified in making a diagnosis of primary spasm of the pylorus.

Secondary spasm of the pylorus is a frequent complication of many gastric affections, and takes an important part in the causation of their symptoms. It tends to aggravate the pathological conditions, prolongs their courses and renders treatment more difficult.

In gastric ulcer, especially when the ulceration is situated very near the pylorus, pyloric spasm is usually present. It is due, no doubt, partly to a reflex influence, resulting from the irritation of the ulcer, and partly to hyperchlorhydria, a common functional disturbance in ulceration of the stomach.

Hyperesthetic gastritis, associated with ulceration and ectasia, is another affection in which spasm of the pylorus is frequent. The course of this combination of diseases is very chronic, and its treatment is difficult. As long as food is taken into the stomach the spasm of the pylorus continues. The spasm prevents healing of the ulcer, and increases the gastritis and ectasia. Recently I have seen many cases of this condition. In one, at present under treatment, the disease began fifteen years ago with symptoms of hyperchlorhydria, and since that date the patient has almost continually suffered from distress after eating. About ten years since the patient vomited blood, and was treated for ulcer but without success. At present the principal complaints are pain, flatulency and belching. Vomiting is infrequent. The stomach is dilated, and analysis of the gastric contents shows the presence of excessive mucus and of hydrochloric acid. There are all the signs of motor insufficiency, probably due to stenosis of the pylorus. The subjective symptoms are always worse in the evening. Lavage gives almost complete temporary relief. The stenosis may be due to spasm or to organic change. Although the patient has suffered from a severe digestive disturbance for fifteen years, nutrition of the body is fairly well maintained. Cases such as this are fairly common. Some are amenable to medicinal and dietetic treatment. In these the stenosis must be due to spasm. I may add that on the ulcer carcinoma occasionally arises. The subjective symptoms and functional signs frequently remain the same, except that there is a greater loss of flesh, and in some