## PHLEGMONOUS GASTRITIS-REPORT OF A CASE.\*

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This rare disease was described as early as 1656 by Bevel. In our own time cases have been recorded by various observers under many different names. Of these the more noteworthy are: Inflammation of the submucosa (Rokitansky), gastritis submucosa (Dittrich, Klebs and others), phlegmon ventriculi, suppurative interstitial gastritis, submucous suppurative phlegmon, and phlegmonous gastritis. The term phlegmonous gastritis is that most in favor with English writers, although perhaps not so descriptive as others.

Etiology.—The disease is due to the development within the gastric wall of pyogenic organisms. Of these the streptococcus pyogenes is the organism most frequently found. The disease occurs in both sexes and at all ages. Males are much more commonly affected than females in the ratio of four to one. Alcoholism predisposes to the disease, one-fourth of the cases occurring in persons addicted to the excessive use of alcohol. This undoubtedly explains to some extent the more frequent occurrence in males.

The disease may be primary or secondary. The primary cases occur in apparently healthy individuals or follow traumatism, ulcer or growth. The secondary cases occur in the course of such acute infectious fevers as pyemia, septicemia, typhoid fever and variola.

Mayo Robson and Moynihan, who have collected histories of 85 cases, state that in all cases of primary and probably in all cases of secondary disease there is a superficial denudation of the muccus membrane which permits of the entrance of the organism.<sup>1</sup> It appears to me that this statement would be difficult to prove or disprove, as we know that the most minute abrasion may suffice for the entrance of bacteria into the tissues, whereas, in these cases, secondary ulceration due to sloughing is very frequently found. Again in the infectious fevers, secondary infections of the blood by pyogenic organisms not infrequently occur, and it would be unreasonable to hold that in cases of phlegmonous gastritis secondary to such diseases hematogenous infection might not occur. Pathological Anatomy.—The condition may occur as a diffuse cellulitis affecting the whole of the stomach submucosa, or it may be be localized to form one or more large or small abscesses. The diffuse form is probably that more frequently met with. Cases of this type show enormously thickened

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