



No. 638 Lance-Corporal D., 2nd East Lancashire Regiment. Vaccine treatment commenced on May 20, 1912. Agglutinins to *B. paratyphosus* A (Dean).

A CASE OF HYPERTROPHIC STENOSIS OF THE PYLORUS IN AN ADULT.

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LANCE-CORPORAL W., aged 35, first came under my notice at the end of July complaining of vomiting after food. He had had no pain, and had never noticed any blood in his vomit or stools.

Under treatment he improved and I lost sight of him until September 24, when I again saw him. He informed me that for the previous three weeks he had been unable to retain any solid food, and for the last few days had vomited even after taking liquids. On examination the man was in a very feeble and wasted condition with an extremely weak pulse. He weighed 8 st. 4 lb., and stated that three months before his weight had been over 12 st.

The vomiting which at first came on only once a day gradually became worse and followed every meal even if only fluids were taken.

On examination no lump or visible peristalsis could be seen, while on palpation all that could be made out was a slight rigidity of the upper part of the right rectus.

There was no enlargement of the liver or spleen, but the stomach gave a tympanitic note as high as the fifth left intercostal space and downwards nearly to the level of the umbilicus. His father had suffered

from chronic gastric ulcer, otherwise there was no family history bearing on the case. He gave no history of stomach trouble, and none to suggest gastric or duodenal ulcer.

Examination of the stomach contents gave no information. A blood count gave 2,450,000 red corpuscles and 8,000 white per c.mm., while a differential count showed a slight increase in polymorphonuclear leucocytes.

After admission he was unable to retain anything given by the mouth, except peptonized milk and albumin-water. The vomiting usually came on about half an hour after a meal, and was not of a violent nature nor suggestive of pyloric obstruction. There was no hæmatemesis or melæna, and he never complained of pain.

Under daily lavage he seemed to improve, taking nutriment in the form of peptonized milk, albumen water by the mouth, and nutrient enemata.

An exploratory laparotomy was suggested, but the surgical specialist did not consider an operation justifiable, taking into consideration the patient's condition. On October 26, the patient seemed to become much weaker, and on the following day the vomiting recommenced. He became gradually weaker and died on November 1, having taken nothing by the mouth during the previous twenty-four hours.

Result of Post-mortem Examination.—The body was very thin and emaciated. Heart and lungs were normal. The abdominal viscera, with the exception of the stomach and duodenum, were normal, and there were no enlarged glands, adhesions or ascites. The stomach was much enlarged and contained a quantity of partially digested milk, the walls being much thickened. At the pyloric end of the viscus, and reaching for about one inch into the duodenum, the walls were thickened to the extent of about a quarter of an inch. The lumen of the pylorus was much diminished, being about the size of a goose quill on its gastric side and nearly totally closed on its duodenal aspect. There was no sign of ulcer either of the stomach or duodenum.

MULTIPLE NEURITIS AMONG SOLDIERS IN CALCUTTA AND VICINITY—AN ENDEMIC, EPIDEMIC, SEASONAL DISEASE RESEMBLING BERI-BERI.

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IN these days when polyneuritis is almost universally regarded as due either to a diet of polished rice or to over-indulgence in alcohol, it seems desirable to place on record cases which are certainly not ascribable to either of the causes above mentioned.

The term beri-beri is, after all, only an Eastern name for multiple