

border is extremely variable in position, but when the stomach is empty it may be denoted roughly by a line drawn across the abdomen between the bony extremities of the eighth ribs. The cardiac orifice is the most fixed part of the organ, being maintained in position by the œsophagus and the gastro-phrenic ligament. In addition to these attachments, the stomach is suspended from the liver by the gastro-hepatic omentum, and is securely fixed on the left side by the folds of peritoneum which connect it with the spleen. Below, it rests upon a cushion of intestines, and is supported in front by the liver and abdominal wall. The pylorus is the most movable part of the viscus, and has no special ligament, so that when displaced downwards it is chiefly held in check by the second portion of the duodenum, which is firmly adherent to the posterior abdominal wall.

The stomach may undergo displacement upwards, laterally, or downwards.

I. UPWARD DISPLACEMENT.—This can only occur on the left side, since on the other the firm fixed liver is interposed between the organ and the diaphragm. It is met with in all conditions that tend to shorten the vertical diameter of the thorax, and is therefore a common result of the atelectasis that ensues from a left pleuritic effusion or empyema, and of chronic interstitial inflammation of the left lung. Large ovarian tumors, uterine fibroids, hydronephrosis on the left side, meteorismus, and ascites all tend to push the stomach into the left concavity of the diaphragm, and the same condition ensues during the later months of pregnancy. An important predisposing cause of this form of displacement is to be found in that maldevelopment of the thorax which gives rise to an abnormally narrow costal net.

In cases of this description, the pressure exercised by corsets or tight clothes tends to force the lower four or five ribs inwards, and to depress the line of the waist until it may reach the level of the iliac crests, while at the same time the colon, stomach, and liver are pushed upwards. The effect upon the stomach of upward dislocation varies in different cases, in some the total capacity of the organ being reduced, while in others the pyloric portion becomes diminished in size and the fundus dilated. Occasionally the cardiac region is pushed upwards so forcibly that the lower end of the œsophagus is bent to the left, and the lumen of the fundus greatly reduced. In rare instances the whole or greater portion of the stomach gains an entrance to the left pleura through a rupture of the left wing of the diaphragm, and the upper and left parts of the abdominal cavity are entirely occupied by intestines.