

is encountered near the median line of the abdomen, and no evidence of food retention can be detected by the use of the tube. When painful peristalsis arises from traction upon the duodenum, the case may be mistaken for one of hyper-acidity or hyper secretion. Careful examination of the abdomen, however, will at once indicate that the stomach occupies an abnormal position, while exploration of the organ will prove that the gastric secretion is neither sufficiently acid or abundant to afford an adequate explanation of the symptoms.

Vertical displacement, if uncomplicated by motor insufficiency, does not possess much clinical importance; but it gives rise to gastric dilatation, chronic gastritis, or mucous colitis, it may initiate a state of permanent ill-health, accompanied by the symptoms that are characteristic of these several complaints. The regurgitation of bile is a matter of considerable moment, and unless carefully treated may give rise to fatal inanition.

*Treatment.*--The main indications are to prevent further displacement of the stomach, to support the organ, and to correct any secondary disturbances of digestion that may occur. Tight corsets must always be avoided, especially in girls who possess a long narrow chest and come of phthisical stock. In such cases the corset should either be short and loose, or replaced by a band of some warm firm material. Exercises undertaken with the view of strengthening the muscles of the arms, chest, and abdomen, are extremely valuable, and the patient should be taught to inspire deeply through the nose, so as to increase the capacity of the thorax. In almost every instance, a firm well-fitting belt should be applied to the abdomen, in such a way as to elevate and sustain the stomach. The belt should be applied in the recumbent posture, and be worn both night and day.

When anæmia and emaciation are prominent features of the case, rest in bed is essential, and should be maintained for a month or six weeks. Abdominal massage and electricity are useful adjuncts to some cases. The salts of iron rarely agree, but arsenic, nux vomica, and gentian are of value, and a dose of hydrochloric acid administered after meals is an important aid to digestion when the gastric secretion is diminished. Regurgitation of bile should be treated by lavage at night, while a dose of sulphate of sodium is given in hot water at an early hour every morning. Should these means prove ineffectual in relieving the bilious vomiting, it may be necessary to invoke surgical aid with the view of stitching the lesser curvature to the under surface of the liver.

*(Continued in March Issue.)*