

should be always on the lookout for it even when symptoms of indigestion are not present. During convalescence from childbirth the abdominal wall should be supported if very flabby.

The objects sought for in the treatment are: (1) to increase the intra-abdominal tension; (2) to correct any error of secretion or motility.

I frequently commence treatment by applying strips of adhesive plaster across the lower part of the abdomen. This always gives the patients relief until they are able to obtain an abdominal bandage. Particular care should be exercised in fitting the bandage so that it may press firmly upon the hypogastrium. As a rule the support need not be worn during the night. Before applying it in the morning the intestines should be forced up towards the epigastrium and the bandage laced from below upwards. The strength and tone of the abdominal muscles may be further increased by massage, electricity and physical exercise. Any movement of the body, such as deep breathing, which develops the nutrition of the abdominal muscle, is indicated.

The medicinal and dietetic treatment of gastroptosis will vary with complications. In cases associated with hyperacidity, acids, bitters, alcoholic liquors, spices, fruits, pickles, coarse foods should be strictly prohibited. The diet should be of a very nutritious and easily digested character. A liberal quantity of food should be given at least four times a day. Bread, milk, butter, eggs, gruel, well-cooked rice, oysters, scraped and tender meats are indicated. In severe cases a more restricted diet may be necessary. The drugs which I have found most useful in gastroptosis with hyperacidity, are those which are sedative to the stomach, assist the digestion of starch, correct the excessive acidity and relieve constipation. Irritating cathartics, such as aloes, colocynth, etc., should not be given. I have found preparations of cascara sagrada and pills rhei, etc., most useful laxatives. A mixture of bismuth carbonate, arom. fluid extract of cascara sagrada, and tinct. belladonna given before meals, and two teaspoonfuls of calcined magnesia, given three quarters of an hour after meals, will give good results in many cases. In some cases taka-diastase has a decidedly good effect. The replacement of the stomach tends to relieve the hyperacidity, as the increased activity of the gastric glands is, no doubt, partly due to the stagnation of food, which again is the result of atony and ptosis of the stomach. Atony is a common complication of gastroptosis, and this fact must be kept in mind when directing the treatment of this disease. When gastritis, subacidity, etc., are complications, somewhat different methods of treatment must be adopted. It would require too great a space to describe the treatment of each complication, and I shall therefore conclude by reporting a few cases, illustrative of this disease.