GASTRECTASIS.

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For the sake of precision it is best to define exactly what is meant by the term gastrectasis.

By it is meant not merely a large stomach, for, as is well known, this organ may be found with a holding capacity of several pints without disturbance of secretion, sensation, motion, or absorption. Physiologically, the stomach is beyond criticism, but anatomically it is extravagant in size. Such are not instances of dilatation; their origin is sometimes surrounded in mystery, and the condition is called megalia.

Another condition is easily mistaken for gastrectasis, and that is a displacement of the stomach downward, or gastro-ptosis. This is often associated with wandering or movable kidney, and sometimes with Glenard's disease, or entero ptosis. The "oblique stomach" is also often mistaken for dilatation, with which it is often associated. True gastrectasis, or dilatation of the stomach, includes an increase, often progressive, in size, with hypertrophy, at other times with thinning of the muscle coats, and accompanied with more or less profound disturbance of the functions, and frequently by the stagnation of food and the almost invariable presence in excess of lactic acid, and sometimes of the fatty acids and the other products of fermentation.

Gastrectasis is often seen to be the direct result of pyloric or duodenal stenosis, but more often such is not the case. Of this latter class the cause is not always apparent. Undoubtedly it sometimes depends on obstruction, the result of traction that accompanies displacement of the right kidney, the intestines, or the stomach itself; an obstruction may be occasioned by abdominal tumors or old inflammatory tissue after peritonitis. However, there remains a large number of cases that occur without the association of any obstruction that can be made out by the most careful study before and after death.

These are believed to result from long-continued fault in innervation, leading to diminished muscle tone and consequent relaxation. In these cases the hypertrophy of the muscle coats probably never occurs, but in those cases that come about as direct result of stenosis there is usually at first muscle increase, and sometimes the gastric walls become so powerful that the movements of the stomach may be observed distinctly through the abdominal parietes, in the vain endeavor of the organ to empty itself. The mucous membrane may be intact. It is sometimes thinned, sometimes atrophied, and occasionally inflamed. In all cases the digestion is impaired, in some it is abolished; usually the food is tardy in leaving the stomach. In a few instances, when pyloric insufficiency exists, the contents are too rapidly discharged, while in others, and for the most part, the movement is so slow that there occurs food stagnation, which is the most serious condition met with in gastrectasis. Stagnation usually depends upon obstruction, particularly upon stenosis. When such is the case, the condition is at first not continuous, but intermittent, gradually becoming constant. Stagnation does occur when no obstruction can be made out, but it is uncommon in such cases. This retention of the food and the fermentation that goes therewith are potent factors in the establishment of chronic gastric catarrh. Bnt this pathologic state is not very frequent in gastrectasis unassociated with stagnation of food. Dilatation of the stomach in greater or less degree is an extremely common affection. However, it must be admitted that it generally escapes unnoticed, and patients receive treatment for resulting conditions, and often the stomach is not suspected as the source of trouble. This is true, because there may be an absence of that symptom-complex which is habitually referred to dyspepsia. More often there are dyspeptic symptoms that are believed to depend upon functional disturbances only, and the diagnosis is not made.

A diagnosis of gastrectasis is not possible from symptoms alone. By external palpation it may be discovered by the succession sound extending below the navel, and by careful immediate, or mediate, percussion, and by conjoined percussion and asucultation. Assistance may be had by distending the colon with fluid or with gas. Further evidence may be obtained by inflating the stomach with gas by means of a rubber bulb attached to a stomach tube, previously introduced, or by giving separately small portions of tartaric