

panied by an improvement in the condition of the nervous system and in the tone of the gastric ligaments and abdominal muscles. The question is, How may the stomach be raised? In cases in which the abdomen is flabby, any well-fitting abdominal band, applied between the navel and the pubes is usually sufficient. It should be applied while the patient is in the recumbent position, the stomach being first forced up into the epigastrium. In place of a band I frequently use strips of adhesive plaster applied horizontally as well as diagonally across the lower abdomen. Physical exercise and massage are also of much value in improving the tone of the muscles of the abdominal wall, particularly of the recti. The best method of giving exercise to these muscles is while lying down to bend the trunk upon the thighs, rising from the recumbent to the sitting posture. While performing these movements the feet should be placed under some fixed structure. Another movement very useful in strengthening the recti is, while lying on the back, to raise the legs from the horizontal to the vertical position. Massage is also an important therapeutic measure. I have found it most effective in cases with marked neurasthenic symptoms.

With the object of increasing the capacity of the upper abdomen the patient should be instructed to practice deep breathing. Deep breathing not only tends to expand the upper part of the abdomen but also to improve the tone of the gastric ligaments and abdominal muscles. Tight lacing and the wearing of heavy skirts suspended from the waist-band are antagonistic to the expansion and should be prohibited.

In the correction of perversions of functions, after replacing the stomach, we adopt the same methods as we do in the treatment of these disturbances as independent affections. Thus, in cases characterized by hyperacidity, we give antacids after food and a soothing, easily digested diet. When motor insufficiency is a symptom strychnine is useful, and the diet should be soothing, easily digested and propelled into the duodenum.

The improvement of the general condition of the patient frequently requires other measures than those directed to correct digestive disturbances. The nervous system in particular requires special attention. Many patients with gastrop-tosis suffer from neurasthenia. In the treatment, therefore, of gastrop-tosis with neurasthenia we institute measures for the relief of both affections. The improvement in digestion and the removal of all irritation in the digestive tract always