

mesogastrium. If the pylorus be dragged down as well, no part of the stomach may lie in the epigastrium.

In this form of distortion the pyloric opening is directed upwards and the first part of the duodenum runs upwards and to the right. Sometimes the whole body of the pancreas may be exposed by this downward displacement of the stomach, the head of the organ, only, remaining covered by the pyloric end of the stomach.

This marked condition of the stomach may also be caused by tight-lacing alone, if there be enlargement of the left lobe of the liver or spleen. It is the chief cause of stomach dilatation where there is no pyloric obstruction. The same thing may be caused in men by the wearing of tight belts.

In several cases the first part of the duodenum may also be dilated, there being a sharp bend in the superior flexure, causing an obstruction to the passage of the contents of the stomach. This condition results from the dragging downward of the first part of the duodenum.

Another form of displacement occurs in the cases where the liver is of the first type described, in which the left lobe extends down as a long flap with a constriction-lobe attached. The stomach is forced from under it, the lesser curvature lying along the border of the left lobe. The pyloric end with part of the duodenum is displaced downwards in a corresponding fashion. The curve formed by the stomach depends on the size of the left lobe. The hepatico-duodenal ligament becomes stretched, mainly owing to the pressure of the liver on the head of the pancreas which is forced downwards and to the left.

This form may be combined with the last described in which a bend occurs in the left portion of the stomach; dilation of the right portion may take place below the liver-margin.

The influence of lax or pendulous belly must now be noted. In some cases the distension of the intestines may press the stomach upwards. But the stomach itself often sinks as a result of this condition and may become considerably distended with air.

Certain authors, *e. g.*, Engel, have described another deformity in the stomach caused by tight-lacing, *viz.*, a kind of transverse constriction furrow between the epigastric and hypochondriac portions; it has been compared to the furrow on the anterior surface of the liver. Hertz thinks this may be merely a cadaveric phenomenon, similar to that often found in the epigastric part of the stomach, marked by greater or less contraction in the wall. It is easily made to disappear and must be distinguished from the cicatrization due to an ulcer or from the condition found in the hour-glass condition of stomach.