

there is pain in the right lumbar region may be of only temporary benefit, as shown in

CASE 5. Mrs. X., aged 32. She had never borne children. She complained of pain in the right lumbar region, great nervousness, and mental irritability. At times there was much epigastric distress, when there proved to be gastric insufficiency, large quantities of food being found in the stomach on passing the tube. On my advice she entered St. John's Hospital, and nephrorrhaphy was done by Dr. Alexander Primrose. For a few weeks she was completely relieved, but on leaving the hospital the mental state of unrest and discontent returned, and with it the signs of gastric insufficiency.

The next case is one of even greater disappointment; it is of much interest.

CASE 6. Miss C., aged 24, a tall, long-waisted girl, of hopeful and cheerful, but nervous disposition, applied for relief for severe burning sensation in the substernal region. She had never worn tight corsets. She had lived on a farm, and done a moderate amount of work. The stomach was much prolapsed, being wholly below the umbilicus, and somewhat dilated. (Fig. 4.) Quite frequently the remains of the previous day's food was found in it in the morning. The right kidney was movable, and lay below the costal margin in the erect position, but was not sensitive.

Not being relieved after a few weeks' careful treatment, I advised raising and suturing the stomach as nearly as possible in the normal position. This my colleague, Mr. I. H. Cameron, M.B., F.R.C.S., did, suturing it in as high a position as possible. In raising it, some small adhesions of the margin of the great omentum near the brim of the pelvis were broken. Most of the sutures were passed through the round ligament of the liver. She made a good recovery, and on examination the stomach was found in a good position, with the left part of the fundus somewhat lower than normal, as shown in Figure 5. The symptoms, however, returned after a few weeks, but were less severe. Six months later the stomach was prolapsed to its old position, and the burning had recurred with its former severity. The adhesions formed by the suturing had evidently become absorbed, showing that a more firm anchorage than simply the suturing of serous surfaces together is required to maintain any organ in a position from which gravity tends to drag it.

I am still of opinion that the advice to have the stomach raised and fixed in the normal position was sound, and that permanent fixation would have resulted in the relief aimed at; but permanent fixation is the difficulty. However, it is one I am glad to pass on to the surgeon.

In such cases especially those in which the dilatation is marked, the size of the stomach has been reduced by infolding the