

dislocation of the liver and pylorus, while in many cases of lateral curvature of the spine depression of the liver and diaphragm give rise to a vertical displacement of the stomach. Members of phthisical families who possess a long narrow chest are also unduly prone to suffer from a vertical stomach during adult life, the abnormally short diameter of the lower thorax in such persons giving rise to a permanent depression of the liver, and thus producing a similar effect to the corset chest. It is also possible, as Kussmaul suggested, that in certain cases a vertical stomach may result from want of development, since it is known that during foetal life the long axis of the organ is almost parallel to the spine.

*Symptomatology.*—During the early stages of the complaint, and in many cases throughout life, the patient seems to be in no way inconvenienced by the abnormal position of her stomach; but, as a rule, the condition is associated with definite symptoms of disordered digestion, and may even be responsible for a permanent state of ill-health. The chief troubles are experienced when the motility of the stomach becomes affected. The acute angle formed at the junction of the first and second portions of the duodenum renders the passage of chyme into the intestine a matter of considerable difficulty, and this mechanical obstruction becomes gradually intensified as the progressive enlargement of the stomach exercises an ever-increasing traction upon the fixed point. Under these circumstances, a sense of discomfort, fulness, or oppression is experienced immediately after each meal, accompanied by flushing of the face and ears, palpitation and giddiness, while occasionally the peristaltic movements of the stomach give rise to severe pain of a cramping character, followed, perhaps, by vomiting. That the abnormal position of the organ is the cause of these symptoms, is shown by the fact that they are always relieved when the patient assumes a recumbent posture, and can be almost entirely prevented by the application of a firm binder to the abdomen, so as to support the stomach and diminish the traction upon the duodenum. When muscular insufficiency ensues from the vertical displacement, secondary gastritis is apt to supervene and to obscure the symptoms of the original disorder. In this condition the ingestion of food is followed within a short time by pain, distension, and flatulence, and in many cases by acid eructations and vomiting. Constipation is invariably present, and in some instances an intractable form of mucous colitis complicates the gastric derangement. Sooner or later emaciation accompanied by anæmia supervenes, and the patient finds herself unable to indulge in physical exercise without suffering from dragging pains in the abdomen and profound exhaustion. She