

debilitated looking. The abdomen was somewhat full in its lower part, over which marked splash could be elicited. The right kidney could be easily palpated. A breakfast of two eggs and some shredded wheat biscuit was taken at 7.30 a.m., and the stomach-tube passed at 12.15 p.m.; four ounces of grumous material was obtained, containing pieces of white of egg, starch remains and some rice grains, which must have lain long in the stomach, as he had not eaten rice for some days. On inflation, the stomach was shown to be below the umbilicus. (Fig. 1.) He was directed to massage the abdomen thoroughly morning and night after drinking one or two glasses of water, and to practise abdominal gymnastics. His diet was restricted to one egg and a piece of toast for breakfast, a glass of warm milk at 11 o'clock, some tender meat, one vegetable, and light dessert for dinner; a cup of clear soup at 5 o'clock, and an evening meal similar to the breakfast. His medication consisted of strychnine, with such antiseptics as resorcin, and bismuth naphtholate. For a time sodium salicylate in small doses was added to stimulate secretion of bile. After a time, dilute acid hydrochloric was substituted, being given before and after each meal, as his stomach secretion was found to be deficient in acid. He has been restored to comfort, has gained nearly twenty pounds in weight, and is quite able for business. From time to time, however, the motor power of the stomach fails, and splash is easily elicited; then his diet has to be reduced again for a few days, and massage resumed. In this case the prolapse led to atony, with some ectasia. The food, retained unduly long in the stomach, became fermented, and the absorption of the products caused some toxemia. The washing out of the stomach, the stimulation of its motor and secretory function, the limitation of the food to its capacity, and the retardation of fermentation of the food restored the digestive function to nearly, if not quite, a normal condition, although the prolapse was not affected.

CASE 2. Mrs. O., aged 30, is a similar one, but with different symptoms. She suffered from frequent severe attacks of headache, with nausea and vomiting of mucus. These attacks were induced by any excitement, and often occurred two or three times a week. She had been subject to them for eight or ten years, growing much worse during the last three years. She was well nourished, with a moderately full abdomen. On examination the stomach was found prolapsed, the lesser curvature being near the umbilicus. The right kidney was freely movable, the lower end falling as low as the iliac crest in the upright position. (Fig. 2.) Treatment similar to that of Case 1 relieved her of her headaches, and restored her to a comfortable condition.

Not all cases, however, do as well as these two, for the reason usually that a nervous disturbance exists in addition to and apart from the gastric affection.