

brought into fashion by Riegel and Boas. About 60 grs. of bicarbonate of soda and 40 grs. of tartaric acid are each dissolved in 8 oz. of water contained in separate glasses. The patient first drinks the acid and then the alkaline solution, and is directed not to eructate any gas. The interaction of the two substances causes a rapid evolution of gas, which distends the stomach to its utmost capacity and causes its outlines to become visible through the abdominal parietes. In the second method, a soft tube is introduced into the stomach, and air is either pumped in through a hand bellows or blown in by the mouth until the organ is sufficiently distended to be visible. Hemmeter prefers a rubber bag made in the shape of the stomach, which is introduced in the end of a soft tube and can be inflated in position. The disadvantages of artificial inflation are that it entails a certain amount of discomfort, and, unless carefully performed, may seriously embarrass the action of the heart; while, by distending the stomach to its utmost capacity, it is apt to produce an exaggerated conception of the size of the organ and its degree of downward displacement.

*Gastrodiaphany*, or electric trans-illumination, is a favorite method with some continental and American physicians, who assert that its employment serves not only to establish the diagnosis of gastropnoia, but also to differentiate it from gastrectasis. That the method is capable of affording important evidence concerning the position of the stomach has been proved beyond doubt, but that it is either necessary or even convenient to employ it is extremely doubtful. For my own part, I only use it for the purposes of clinical demonstration, as I have found that in private practice the apparatus is so cumbersome, and the passage of the tube is so obnoxious to patients, that the results obtained from it are rarely commensurate to its advantages. Whatever method be employed, it is always advisable to mark the outlines of the stomach upon the skin of the abdomen with a colored pencil, so that the relation of the two curvatures may be brought into prominent relief. When this is done, it will be observed that, while the normal distance between them is preserved, the upper border of the stomach lies well below the edge of the liver, and the great curvature crosses the abdomen at some point between the umbilicus and the symphysis.

Percussion over the space between the liver and the stomach affords a dull note, and the semilunar area of Traube fails to afford the tympanitic resonance characteristic of the stomach. Palpation along and above the upper border of the organ is almost always painful, and there often exists a circumscribed