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constantly stress; she mber well e into the ic patient. face of abdomen ongue was flabby, teeth poor and appetite capricious. She was often troubled with flatulence, the bowels were constipated, the abdomen was flat and flaceid. Some general hyperæsthesia was present, but especially manifest over the right hypochondrium and hypogastrium; the epigastrium was flat and hollowed, the lower abdominal zone, if anything different, was comparatively prominent; on deep inspiratory movements one noticed in the epigastrium and extending across this area, a wave passing from above downward to a point about two inches above the umbilicus and one could feel a rounded body quite superficially. The right kidney was readily palpable and moved freely on inspiration and could be pushed up under the ribs.

The usual method of locating the stomach was resorted to and it was found, as in the diagram (Fig. 3) markedly displaced. The pelvic organs were normal.

Case No. 4. Mrs. L. C., et. 38. (Hospital No. 6,515.) Admitted June, 1897. Patient complained of gastric distress constantly present, constipation, aching back and palpitation of heart. The patient believes her present illness began three years before and during the past few months it had been greatly aggravated. Although always of a highly neurotic nature, she i ad been specially so during the past three years. In March, 1897, her menstruation censed. Gastric distress, flatulence, pyrosis and constipation describe her digestive disturbances.

Present condition :- The patient's nutrition was only fair as she showed signs of emaciation; her facial expression was troubled and she was decidedly neurotic. Anxious introspection characterised her mental state. Vasomotor instability manifested in visible flushing of her face and body, was a feature of her case. There were no stigmata of hysteria. The respiratory and circulatory organs showed no signs of disease. The generative organs were not diseased; she had a left inguinal hernia. The abdomen was very lax with tenderness on pressure about two inches below ensiform earthiage; the liver and splcen were not displaced. The right kidney was palpable and movable to a slight extent. The chief interest centres upon the stomach. A test breakfast was given but no contents could be gained thereafter. Gastric inflation revcaled downward displacement of the stomach, the greater curvature presented three inches above the symphysis pubis, the lesser curvature was seven inches above this point, thus showing a transverse measurement of the stomach of four inches (Fig. 4).

Remarks :--These two cases, Nos. 3 and 4, illustrate in the most striking manner the neurasthenic symptoms associated with this condition of the abdominal organs; the facial aspect, the complaints, the introspection, the self-observation and the results of treatment were typical. In No. 3 treatment consisted first in nephrorraphy which

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