

SOME NOTES ON GASTROPTOSIS WITH SPECIAL REFERENCE TO ITS RELATION TO PREGNANCY.

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Among the causes of gastroptosis in women, pregnancy, and especially repeated pregnancies, is one of the most active. This causal factor is more marked when the pregnancies occur at short intervals.

The process by which pregnancy tends to produce this displacement of the stomach is probably in some cases complex. Abdominal flaccidity following parturition, preceded by increased intra-abdominal tension during pregnancy, must, I think, be looked upon as the most active factor in these cases; but there are no doubt other causative agents, such as emaciation, flat chest, congenital weakness of the nervous system, and tight lacing, which act concomitantly with it.

Although after parturition there is a tendency to downward displacement of the abdominal organs, it is a common observation that when a patient suffering from gastroptosis becomes pregnant the condition of the gastric digestion is improved. The subject under consideration may therefore be conveniently discussed under two headings:

- (a) Pregnancy as a cause of gastroptosis.
- (b) Pregnancy in the treatment of gastroptosis.

Pregnancy as a Cause of Gastroptosis.—Flaccidity of the abdominal wall following pregnancy no doubt tends to cause a downward displacement of the abdominal organs. Naturally, the more frequently the pregnancies occur the stronger this causative factor becomes. In some women repeated pregnancy has very little if any effect on the position of the abdominal organs, while in others the result is marked. This condition can only be explained by taking into consideration other causative factors. Of these the condition of the nervous system is, I think, the most important. Some form of depression of the nervous system is frequently present and this tends to diminish the tone of the ligaments of the abdominal viscera as well as that of the abdominal wall.

The symptoms of downward displacement of the abdominal organs or enteroptosis are very variable. In some cases, though I think they are uncommon, the patient has little or no