

being. This latency is particularly common in men, and Bial has estimated that only one-half of the male subjects of gastroptosis suffer any inconvenience from the complaint. The clinical picture which it represents also varies considerably according to its mode of causation, the nervous constitution of the patient, and the existence of complications; so that in many cases it is difficult to determine whether the gastroptosis is the primary affection or is merely a result of the coexisting neurasthenia or gastrectasis. But however complicated the case may appear, certain symptoms usually exist which prove sufficiently striking to direct attention to the possibility of a primary visceral displacement. In the first place, the abdominal phenomena prove remarkably intractable to ordinary methods of treatment, and even when they partially subside their place is usually taken by others arising from neurasthenia or gastric myasthenia. Secondly, the patient is very susceptible to physical impressions and immediately suffers from recrudescence of the former troubles if exposed to mental or physical overstrain, or undergoes an emotional outburst. Thirdly, there usually exists a degree of general debility for which the most careful examination fails to detect an adequate cause, and even the effort of walking or sitting erect in a chair will often induce a sense of weakness in the back, accompanied by dragging sensations in the hypogastrium and groins. Lastly, all these symptoms are rapidly relieved when the patient is confined to bed or a comfortable support is applied to the abdomen in such a way as to elevate and hold up the dislocated viscera.

A careful consideration of the numerous cases of gastroptosis that have come under my care has convinced me that, although the symptoms vary greatly in their nature and severity under different conditions, there is a general tendency for certain phenomena to group themselves together in such a manner that the complaint presents a series of clinical pictures in which minor or secondary symptoms form an ever-changing background. Of these, three principal forms may be recognized, the first of which is characterized by the prominence of certain gastric troubles; the second by periodical attacks of headache and vomiting, very similar to those of migraine; while in the third variety profound exhaustion is associated with anæmia and emaciation, and with vague pains in the abdomen and back.

1. *The dyspeptic form.*—This is by far the most common, and is met with in both sexes. It is especially frequent in those who come of a tuberculosis stock, or who have suffered from tuberculosis in early life. The degree of gastroptosis is usually