

It may be mentioned here, however, that Ewald's methods of investigation were more accurate than those of Glénard—for while it appears the latter did not employ any means of inflating the stomach or intestines, Ewald claimed that such was a necessity and thus by Glénard's method of diagnosis, mistakes were likely to creep in.

Treves, in England, has contributed to the study of the symptomatology and treatment of this disease, while Osler was the first in America to include this subject in a text-book in 1892.

Glénard's disease or Enteroptosis or Splanchnoptosis, as it may be called, according to Stiller's suggestion, should be considered independently of those conditions of visceral displacement resulting from former inflammatory process, such as frequently occur about the genital organs, of females and result in pulling down portions of intestine or an isolated organ. This view, however, is open to the criticism, that, upon the normal position of any one organ the position of the others largely depends, and it is possible to have very general ptosis result from such a cause associated with all those signs incident to the true disease. It is acknowledged, however, that in a large number of such instances the signs of the true disease are not prominent in the clinical picture and may be absent entirely.

Meinert urges that the prominent pendulous abdomen resulting from numerous pregnancies "has nothing whatever to do with Glénard's disease. Such an abdomen holds a dilated stomach, not a dislocated one." However conflicting these views may be concerning the classification of cases under this head, it may be accepted as safe teaching, at least for the present, that (I.) Enteroptosis may exist without subjective signs, that (II.) the Enteroptosis of Glénard is associated with the most pronounced subjective signs, chiefly of a neurasthenic type, that (III.) in those cases where a pendulous abdomen is present the nervous features of the case are less pronounced than in thin subjects with greatly flattened belly walls, and that (IV.) Enteroptosis arising from inflammatory processes in the abdomen may be typically characteristic.—(Treves).

The view of Mathieu is thus expressed, that Enteroptosis is of two varieties, (I.) the form which shows itself plainly from without by a pendulous abdomen and is rarely found associated with nervous manifestations. The second form (II.) is that in which the abdomen is thin and flat and where the neurotic element is very prominent,—the internal variety.

The organs displaced in this disease may be all those found below the diaphragm. Most frequently, however, the colon and small intestines, the stomach, the right kidney and the liver are found in altered relations. It is not rare to find the left kidney also displaced; the spleen