Returning now to the second part of our subject, we may say that the chief functional disturbances to which Enteroptosis is related are:—

- 1. Neurasthenia, including digestive disturbances.
- 2. Anæmia.
- 3. Constipation.
- 4. Jaundice.
- 5. Gastrie dilatation.
- 6. Myxœdema, Seleroderma and Exophthalmic Goitre.

The theories concerning the symptoms associated in most instances with the altered position of the abdominal organs are numerous, but for convenience of consideration we may classify them under three headings:—

- 1st. There is the mechanical theory from Glénard.
- 2nd. What may be termed the neuro-mechanical theory of Meinert.
- 3rd. The neuro-intoxication theory of Schwerdt.

The first theory, although not purely a mechanical one, is chiefly such. It does not ask for any antecedent nervous cause, but it implies a weakness of the suspensory ligaments of the transverse colon, especially the colico-hepatic ligament. The descent, Glénard claims, begins at the hepatic flexure and the other events incident to the disease follow, viz.:—The entero-stenosis due to a kinking of the colon at the point of prolapse, the corde colique transverse, the gastroptosis, the constipation, the auto-intoxication, the neurotic manifestations, etc.

The second theory, which we may characterise as the neuro-mechanical one, is advanced by Meinert; in short, Meinert attributes the symptoms associated with "dropping of the viscera" to the constant stimulation and irritation of the sympathetic nerves, as a result of pulling and stretching of these nerve fibres. This has its deteriorating effect upon the blood, through the blood-forming organs, and the general nervous system, and hence chlorosis, neurosis and all sorts of vasomotor disturbances.

The third theory is that of Schwerdt already alluded to in speaking of the etiology of the disease. The nervous system is primarily at fault—the fibre of the individual is toneless; the functions of the abdominal muscles, both parietal and visceral are not normal, intra-abdominal pressure is lessened—ptosis takes place. There is stasis in the blood and lymph vessels, the bowel contents decompose, the excretions are not carried off, absorption of poisonous products goes on and auto-intoxication results—dyspeptic manifestations, neurasthenia, head-ache, anemia, lack of energy, palpitation, etc., etc. Polyuria follows as a consequence, while Graves' disease, scleroderma and myxedema, are theoretically possible as results of visceral irritation and intoxica-

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