

thorax affecting the left side of the chest is accompanied temporarily by dislocation of the fundus of the stomach. (3) Attenuation and stretching of the abdominal wall, associated with a diminution of intra-abdominal pressure, are potent causes of displacement of the abdominal organs, and the latter condition is therefore frequently encountered in emaciated persons whose lying-in periods have been unduly curtailed, or from whom ascitic fluid or a large tumor of the uterus or ovary has been removed. (4) Certain specific fevers, such as typhoid influenza, and pneumonia, are apt to produce great enfeeblement of the gastro-intestinal tract, which becomes evident during the period of convalescence. In the case of enteric fever, the resultant gastropotosis is greatly increased by excessive feeding after the subsidence of the pyrexia and the presence of an enlarged and fatty liver. (5) General neurasthenia is always accompanied by relaxation of the gastric ligaments, and for a similar reason the majority of the cases of neurasthenia gastrica are followed by gastropotosis. It is also interesting to note that the complaint is unduly frequent in women who are the subjects of mitral stenosis, and that the removal of the ovaries before the age of thirty is very apt to be followed by displacement of the stomach and other viscera. The same result is occasionally observed in neurotic individuals who have undergone laparotomy for other conditions. (6) Most writers lay stress upon the influence of a tight corset in the production of gastropotosis, and there can be no doubt that the compression of the chest which is thus brought about, hinders the development of the thorax and forces the abdominal viscera downwards. In England tight lacing is comparatively infrequent, and only existed in about 4 per cent. of the cases of gastropotosis that have come under my notice. (7) In rare instances, inflammatory shortening of the great omentum drags the great curvature of the stomach downwards, and causes much displacement of the viscus. In one of my cases the omentum was represented by two fibrous cords, which were fixed at their lower extremities to the wall of the pelvis, and had dragged the stomach into the umbilical region; while in another it formed a tight sheet, which was adherent on either side to Poupart's ligament, and had not only displaced the stomach and colon, but had also compressed the small intestines against the spine.

*Symptoms.*—Gastropotosis is a condition that is extremely variable in its clinical expression. In many instances, probably in the majority, it remains latent throughout the greater part of life, and it may only be as the result of a severe illness or physical shock that the characteristic symptoms are called into