

depend upon the objective symptoms, and of these prolapse of the stomach is the only distinctive sign. We should, however, be familiar with all the symptoms, objective and subjective, as well as the functional signs which characterized the disease. The objective symptoms are:

1. Emaciation. This is a very common and important symptom. Indeed, it is so common that when an emaciated patient with indigestion and nervous disturbance consults me I always think of gastroptosis as a possible cause of the complaints.

2. Diminished tension of abdominal muscles. This is not a constant sign, as gastroptosis occurs with no relaxation of abdominal muscles. In cases following pregnancy a flabby abdomen is invariably present.

3. Depressed epigastrium and pulsating abdominal aorta. In patients in whom there is much emaciation the head of the pancreas may occasionally be palpated.

4. Movable kidney, usually the right.

5. Splashing sound below the normal lower limit of the stomach.

6. Prolapse of the stomach. This is the only constant physical sign. Both the lesser and greater curvature are displaced downwards. In some cases the stomach may be seen moving up and down in the abdomen during deep respiration. In many cases it is necessary to distend the stomach with air or carbon dioxide in order to determine the positions.

7. Visible peristalsis. Pyloric obstruction due to duodenal kinking is the usual cause of this phenomenon in gastroptosis. The loop or crescent type of displacement is generally present.

8. Downward displacement of the liver and spleen. These are uncommon, particularly of the spleen.

9. Prolapse of the uterus. In gastroptosis this displacement is invariably associated with diminished abdominal tension.

The functional signs of gastroptosis may with advantage be next considered. All the functions, motor and secretory and sensory, are frequently perverted.

The gastric motility is usually more or less diminished. In some cases this is so slight as not to give rise to symptoms of indigestion. In others it may be so marked as to produce stagnation of food, with resulting fermentation and gastric irritation. This motor insufficiency may be due either to the anomalous posture of the stomach, requiring greater peristalsis for the propulsion of the chyme into the duodenum or