

Among patients suffering from diseases other than those affecting the digestive organs, I found gastropotosis in 6 per cent. of the males and in 33 per cent. of the females.

With regard to the frequency of gastropotosis among persons who suffer from functional disorders of digestion, Einhorn detected its existence in 6.2 per cent. of his male and in 34.8 per cent. of his female patients. Out of 500 consecutive cases of dyspepsia which came under my notice at the London Temperance Hospital, the digestive disturbance was dependent upon gastropotosis in 3 per cent., while in a similar series occurring in private practice the percentage was 6.6. In both cases the ratio of females to males was about 4 to 1. It may therefore be accepted that in about 5 per cent. of all cases of indigestion the symptoms will be found to depend upon a downward displacement of the stomach or those morbid conditions which ensue from it.

*Causation.*—Several conditions seem to *predispose* to the development of gastropotosis. Families which possess a strong tendency to tuberculosis are unduly prone to suffer from the complaint, owing possibly to their possession of abnormally long and narrow chests, with a contraction of the lower aperture. The displacement is also exceptionally frequent in persons who have suffered from tuberculosis of the lung in early life, but have made a complete recovery. In both these cases the displacement is usually associated with neurasthenia gastrica, and the resultant symptoms are exceedingly intractable to treatment. Certain congenital anomalies of the peritoneal folds which support the stomach, such as an abnormal length of gastro-hepatic, duodeno-hepatic, and gastro-phrenic ligaments, or an extreme tenuity of their structure, likewise predispose to downward displacement of the viscus, the degree of which increases when the body has attained its full development. In many instances of this description the floating tenth rib, to which Stiller has drawn attention, is found to exist.

Gastropotosis may be *acquired* in a variety of ways—(1) All forms of dilatation of the stomach are accompanied by a downward dislocation of the viscus as a result of its increased weight, and consequently gastropotosis is invariably met with in cicatricial and other chronic forms of obstruction of the pylorus or duodenum, as well as in severe cases of myasthenia gastrica. (2) Extensive emphysema of the lungs, especially if it be associated with some deformity of the chest or spine, always gives rise to flattening of the diaphragm and downward displacement of the abdominal organs that lie in contact with it, and for a similar reason pleuritic effusion or pneumo-