

A consideration of all these matters aids us in determining the causes of gastroptosis. These are as follows:

1. Hereditary weakness and defective development of the gastric ligaments and abdominal muscles. These I believe to be common causes. I have frequently seen gastroptosis in young people, especially girls, in whom no other cause could be made out. I have an impression that hereditary weakness is a much more potent etiological factor than it is generally credited to be. Some persons are born with delicate muscles and ligaments, and are therefore predisposed to gastroptosis. I believe that even in many cases of gastroptosis following pregnancy hereditary weakness is an important etiological factor. Stiller gave much prominence to hereditary influences in the etiology of gastroptosis. He thought that a movable tenth rib was a very common accompaniment. This has not been the case in many observations.

2. Diminished abdominal tension. This is usually the result of relaxation of the abdominal muscles after parturition. It occasionally follows rapid emaciation, removal of ascitic fluid and of ovarian cyst. Diminished abdominal tension is also observed in young adults in whom deficient exercise and hereditary weakness appear to be the causative factors.

3. Constriction of the lower part of the thorax. Tight lacing and the wearing of skirts suspended from the waist-band are the usual causes of this deformity. The contracted waist of gastroptosis is about the level of the ensiform cartilage.

4. Deformities of thorax. In flat chest, frequently seen in persons predisposed to tuberculosis, the diaphragm is usually displaced downwards. This, together with the delicacy and weakness of tissue of persons with this form of thorax, tends to produce downward displacement of the stomach.

5. Excessive eating, particularly during convalescence of infections such as typhoid fever and influenza, is sometimes the cause of gastroptosis as well as of gastrectasis.

*Symptoms.*—The onset of gastroptosis may be insidious or sudden. All the cases of sudden onset which I have observed have followed parturition. Some persons with downward displacement of the stomach, movable kidney, and flabby abdomen have no complaints except, probably, constipation. On the other hand, others are emaciated, weak, continually complaining of indigestion and of a great variety of nervous symptoms. In the diagnosis, therefore, of the disease we