

## PATHOLOGIST'S REPORT.

"A slightly flattened pyriform tumour, located about  $\frac{1}{2}$  inch behind the globe to which its apex is directed. Its length is one inch, its greatest circumference is  $1\frac{1}{2}$  inches. While totally engaged by the mass, the optic nerve runs along one side. Condition of base of neoplasm would indicate that, removal was incomplete.

Sections show it to be a neuro-fibroma, consisting of a dense mass of fibrillar connective tissue, in which no myxomatous changes can be detected."

REFERENCES: Studies from the Royal Victoria Hospital. "The Primary Intradural Tumours of the Optic Nerve." Byers. "The Pathology of the eye."—Parsons.

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*(Continued from Page Seventy of February Issue)*

## DISPLACEMENT OF STOMACH AS A CAUSE OF INDIGESTION.

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III. TOTAL DESCENT OF THE STOMACH (GASTROPTOSIS).—Gastroptosis is by far the most frequent form of displacement, and is usually associated with dislocation of other abdominal viscera. It is characterized by a descent of the entire stomach, the cardiac orifice being dragged down to the level of the twelfth dorsal vertebra, while the great curvature may reach any point between the navel and the symphysis pubis. The chief distinction between this condition and dilatation of the stomach is that in the former the distance between the upper and lower margins of the organ remains the same as in the normal state while in cases of gastrectasis the apparent breadth of the viscus is greatly increased.

*Frequency.*—The recognition of the slighter degrees of gastroptosis being attended by considerable difficulty, it is almost impossible to determine the absolute frequency with which the displacement occurs. Meinert examined fifty girls of 12 years of age, and found evidence of gastric displacement in nearly one-half of them, while among his adult female patients some anomaly in the position of the stomach existed in 80 per cent. According to this observer, a similar condition only occurs in about 5 per cent. of the male population.