

the cardia. The latter may be said to be the only point of the stomach which is not freely movable. The pylorus is usually displaced downwards, occasionally below the navel. The lesser and greater curvatures are always lower than normal in the abdomen. However, the different parts of the stomach are not uniformly displaced, which character, together with the fact that gastroptosis is frequently complicated by gastrectasis, gives rise to a variety of forms and positions of the stomach.

The form and position of the stomach are determined principally by the locations of the pylorus and lesser curvature. These parts are frequently displaced downwards, the concavity of the lesser curvature becoming less and directed more to the right. In some cases the pylorus is prolapsed to the extent of producing an almost vertical position of the lesser curvature. Then the stomach assumes a position similar to that which is present at birth. Again there are cases in which the curvatures are prolapsed out of proportion to the pylorus. As a result the concavity of the lesser curvature is increased and kinking of the duodenum is more apt to occur. This type of displacement, sometimes called loop or crescent, is usually only observed in women with much relaxation of the abdominal muscles.

*Etiology.*—Gastroptosis is a very common phenomenon. It occurs in both sexes, but probably three times as frequently in women as in men. It is particularly common in women who have borne children.

In order to gain a good idea of the genesis of gastroptosis it is well to recall to mind the normal position and natural supports of the stomach.

The stomach is situated in the epigastric and left hypochondriac regions immediately under and in contact with the left lobe of the liver and left dome of the diaphragm. It is held in position by the esophagus, ligaments, and by a cushion of intestines and mesenteries situated beneath it which is itself supported by intestinal ligaments and attachments, and intra-abdominal tension produced by the tonicity of the muscles of the abdominal wall and pelvic floor. The tone and strength of these muscles and ligaments which take part in supporting the stomach may be said to depend upon three conditions, namely, hereditary influence, exercise and health. Again, the positions of the liver and diaphragm are to be considered, as they are situated immediately above the stomach and therefore when displaced downwards must necessarily cause some degree of sinking of the stomach.