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ON PROLAPSE OF THE STOMACH—GASTROPTOSIS.*

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THE frequency with which we meet with this condition, and the grave disturbances, digestive and constitutional, that may accompany it, render its discussion of eminently practical character. Prolapse of the stomach rarely occurs alone, but with it is associated prolapse of some or all the other abdominal organs. In the majority of the cases that I have examined there has also been some degree of dilatation, although not sufficient in many of them to seriously affect the functions of the stomach. The abdomen may be prominent or flat, or even retracted. In the former class the prominence may be confined to the lower part, while that above the umbilicus is depressed; in such the stomach is very low and is partly the cause of the undue fulness of the lower zone. If the stomach is not atonic, but possesses fair motor power, so as to be able to discharge its contents into the intestine in due time, so as to be empty before each succeeding meal, or at least before the night's fast is broken in the morning, no symptoms need necessarily arise from the low position of the stomach, as its motor function is not interfered with. This is well shown in the following patient:

CASE 1. S., aged 57; a manufacturer; had been ailing for two or three years, complaining of epigastric distress, weakness, loss of weight, and inaptitude for business. He was thin and

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