

the indigestion treated. An attempt to replace the liver by mechanical pressure failed, but after the asthmatic attack subsided, the organ returned to its proper position of itself, the patient experiencing a distinct sense of relief. After this the asthma was better, the attacks were much less severe and for long periods—5 months at one time—he was quite free. The liver remained in place until July, 1900, when it again became prolapsed. The patient immediately began to suffer from wheeziness. He sought relief by going to Muskoka but he only became worse. He wanted to sit all the time as he experienced a feeling of pressure or fulness, and at times pain, which was aggravated by standing. On eating he had a peculiar feeling as if the food did not enter the stomach. He suffered from bloating after meals, the tongue was thickly coated with a white fur, breath offensive; no vomiting; bowels fairly regular. He returned to Toronto August 1st, not any better, and I was called to see him. The liver formed a prominence on the right side easily noted on inspection. It was hard, tense, and smooth and the lower edge could readily be palpated as low as the umbilicus. Percussion revealed a corresponding area of dulness, the upper edge being just above the free margin of the ribs. There was a distinct depression of the lower true ribs on the right side in the lateral region of the chest. The patient was put to bed, the foot of which was raised, saline purgatives were administered; diet was carefully regulated and an attempt was made to return the liver by putting the patient in a favorable posture and applying pressure, but owing to the tension from enlargement and the retraction of the ribs, this was impossible. An anti-spasmodic mixture was ordered.

In a short time the liver became softer to palpation, the sensation of fulness and discomfort became less, digestion improved, the dyspnoea was relieved and altogether the patient became much more comfortable. The liver now began to return to its proper position, the upper margin being found higher on percussion and the lower margin could be palpated about half way between the umbilicus and the free margin of the ribs.

About a fortnight ago the patient had a recurrence of the asthma with descent of the liver: at the same time he suffered from an attack of diarrhoea. The condition again improved by rest, etc., as before. The right kidney is palpable, the lungs show some evidences of emphysema. Physical examination of the other organs discovers nothing abnormal. Urine is normal.

The exact relationship between the various conditions noted, is not easily traced. The attacks of right sided pneumonia and pleurisy from which the patient suffered may have helped to produce the hepatic prolapse, though it is impossible to prove that they did. Certain it is that the first real attack of asthma followed the pneumonia. That the hepatic prolapse aggravated, if it did not actually occasion the asthmatic attacks, there can be no doubt. The patient noted this fact himself and so long as the liver remains in place he is comfortable. Moreover the asthmatic attacks are always improved by treatment directed towards the replacement of the organ. Whether the prolapse acts directly as a cause, or indirectly by producing the gastric disturbances noted before the attacks, it is impossible to say. Probably the reflex disturbance produced in each of these ways would play a part.