



FIGURE ILLUSTRATING THE DISPLACEMENT OF THE VISCERA
IN DR. MCPHEDRAN'S CASE

His state on examination. He was thin, somewhat pale and worn looking. Breathing was short and labored. The right side of the chest was full and did not move in respiration. The left side showed but little expansion. No cardiac impulse was visible, except a slight pulsation at the ensiform cartilage. The heart was found displaced outwards, so that the left border was in the anterior axillary line. The upper part of the right side of the chest was very tympanitic down to the third intercostal space. Below that it was flat and markedly resistant. The upper line of flatness was horizontal, and remained so in all positions of the body. Respiratory sounds were barely audible over the tympanitic area, which extended to the left border of the sternum. Over the dull area no sounds could be heard. With the patient lying on his back the line of dullness was below the anterior axillary line, the front of the chest being tympanitic; on his left side the axilla was tympanitic and the sternal portion of the chest flat, showing that the fluid shifted its position as the patient changed his position. With movement, a very loud, tinkling splash was produced, and over the tympanitic area loud bell sounds were caused by coin percussion.

The chest was aspirated carefully under very low pressure, so