

The tuber omentale may be somewhat flattened against the pancreas, the lower part of the lobe thinned, and resting over the lesser curve of the stomach. Or, if the stomach be displaced downwards, the lowermost part of the left lobe reaches a point between the lesser curvature and the lowermost border of the pancreas forming a mass something like the constriction-lobe described on the lower part of the right lobe, marked off from the upper portion of the lobe by a sulcus and an atrophied part of the liver-substance, due to the pressure of the organ by the corset against the upper part of the pancreas. Such a liver when removed from the body has often the appearance, in front, of a St. Andrew's cross.

When the liver is markedly elongated downwards and the left lobe is of considerable size, the interlobular fissure may be very deep, as much as 5 or 6 c.m., often. This has been stated as resulting from hypertrophy of the lower portions of the lobes. This is wrong, however. The deepening of the fissure is due to the resistance of the obliterated umbilical vein as the liver lobes are pressed downwards.

*Second Type.*—(*Die lange herabgeklappte Leber mit Emporrrücken der unteren Fläche, aber mit unvollständigem Nirennest ohne Sustentaculum.*)

This form is very different from the former. It is thicker in its upper portion, than in the lower. It lies entirely or almost entirely above the transverse curvature of the abdomen and, as a rule, is broader above than below. It is curved across the spinal column. According to the width of the organ, it forms a large or small portion of a ring, which in the most marked cases extends around the stomach and spleen even as far as the left side of the spine. A sagittal section through the liver appears trapezoidal, more marked in the right than in the left lobe. The upper surface is very broad in both lobes. The anterior surface is curved in correspondence with the concavity of the anterior abdominal wall, and forms a segment of a cone, owing to the lower portion of the liver being smaller than the upper. Its lower margin lies more transverse than in normal cases. A slight constriction-furrow with perihepatitis runs across it, as a rule, just above the transverse curvature of the abdomen. Sometimes it lies close to the lower margin, a well-marked atrophied portion being visible, most pronounced adjoining the gall-bladder. The left border of the liver is sharp, the right round.

The posterior surface is described in three different divisions. The upper part of the right lobe on the right side of the vena cava lies between diaphragm, ribs and spinal column. The lower part is different from the condition described in the first type of liver. The right