

of the right lung, all tend to draw the heart towards the right side. Here the impulse may be felt in the epigastrium, along the margin of the ribs or along the right border of the sternum in any interspace from the third to the sixth. In case of pleural effusion we would have dullness upon percussion, the area of dullness changing with the position of the patient and distant indistinct breath sounds. The hypodermic needle would be an absolute test. In emphysema we would find hyper-resonance on percussion, with, perhaps, a bulging of the left side, especially at the intercostal spaces. In case of adhesion the physical signs above referred to would be absent, and the heart would be less moveable during the act of respiration. In fibroid phthisis of the right lung there would be dullness upon percussion with flattening of the right side.

2. Displacement to the left.

Effusion into the right pleural cavity, emphysema of the right lung, pleural contractions on the left side and fibroid phthisis of the left lung will cause displacement of the heart's impulse to the left. These conditions may be differentiated in the same manner as was pointed out for displacements to the right from similar causes.

3. Displacement downwards.

Disease of the mediastinum, as, for example, aneurism, abscess or enlarged glands will tend to push the heart downwards and to the left.

4. Displacement upwards.

Enlargement of the liver or spleen—distention of the stomach or colon—tend to displace the heart's impulse upwards and to the left. These conditions may readily be differentiated by percussion. Distension of the stomach by gas may enormously displace the heart's apex beat. I have now a case under my care in which the stomach at times is very much distended with gas and the apex beat is found exactly at the left nipple.

Thus we see that while the apex beat is displaced in lesions of the heart, heart lesions are not the only cause of such displacements. To make a diagnosis, other organs, as the lungs, liver, spleen, stomach and colon must be examined before a definite diagnosis of the cause of displacement can be confidently made.

JOHN HERALD.