

It will thus be seen that the tumor, which was previously fixed, was now quite movable, and the natural conclusion was that it was a transposed and movable liver, and this was strengthened by the fact that deglutition sounds could be heard more distinctly over the right seventh costal cartilage than over the same position on the left side.

Another change had, however, taken place. Whereas, during the winter, dullness was absent over the normal liver area, it was now present in a relative degree over a surface extending from within an inch of the right side of the sternum back to the spine. The upper margin of the dullness was on a level with the fifth rib in the nipple line, seventh interspace in the anterior axillary line, and ninth interspace in the posterior axillary line. The lower margin of the dull area did not extend further down than within an inch of the border of the ribs.

The edge of the liver could not be felt under the ribs on the right side.

How can these changes be explained? I am of opinion that the tumor which was diagnosed last winter as displaced liver was really a mass, perhaps inflammatory, attached and surrounding the spleen, and that the liver on the right side was displaced upwards and backwards, and so covered by distended intestines that it could not be made out by physical examination. The intestines were probably at that time attached to the costal margin by inflammatory adhesions, and the latter have since disappeared, leaving the liver still attached to the back part of the diaphragm.

Another possible explanation would be the pressure of a movable transposed liver in the left side, and the return of dullness to the right side might be due to a thickened pleura. Opposed to this, however, were the facts that the respiratory sounds could be heard over the dull area, and there was nothing in the patient's history after he left the hospital which would indicate a pleuritic attack.

The latter theory would necessitate the presence of a transposition of the abdominal viscera, when those in the thorax were in the normal position.

The history of this case rather strengthens the scepticism, such as Wickham Legg indulged in, as to the correctness of diagnosis in some of the recorded cases of displaced liver.

*Etiology.* Winkler gives the following causes which act one in succession to the other :

- (1) Pregnancy at full term.
- (2) Pendulous abdomen.
- (3) Hepar pendens.
- (4) Stretching of the ligaments.
- (5) Tearing and twisting of the suspensory ligaments.