

given was that the patient, a builder, had for some months suffered from severe pain in the region of the liver, together with marked symptoms of indigestion, and that for the last three weeks he had been confined to bed. He had latterly developed symptoms of peritonitis.

Upon examination, we found an enormously dilated stomach and a displaced liver. Splashing could be produced almost as low down as the pubes. The liver could be easily felt through the abdominal walls, and both splashing and stomach resonance could be obtained above and below the liver.

The diagnosis made was pyloric stenosis, gastrectasis, and hepatic displacement.

The patient died on the following morning.

The post-mortem revealed an enormously dilated stomach. The greater curvature was found in close proximity to the pubes. The cardiac orifice was found in the normal position, and the pylorus displaced downwards about two inches. The liver was situated obliquely across the front of the stomach, having been displaced downwards and to the left, the right lobe partly under the anterior portion of the diaphragm, and so displaced that the right lateral border pointed upwards, and the normal anterior border pointed to the right. The left lobe, much hypertrophied, was displaced downwards, so that a portion of it was found immediately behind the umbilicus. A large subphrenic abscess was discovered behind the liver pushing up the posterior portion of the diaphragm. The pylorus and contiguous portion of the duodenum were sharply curved, and the lumen almost closed by external peritonitic bands.

In this case the abnormal condition was primarily due to the subphrenic abscess, which pressed the liver forward and downward, and at the same time caused it to turn on its axis. If a more determined effort had been made, the cause of the dislocation might have been found during life. The displacement of the liver here was not the primary condition, nor was it the most important feature, yet it illustrates one way in which that organ has been shown to assume an abnormal position.

CASE 3. M.T., æt. 17, admitted to Toronto General Hospital, November 20, 1894. The patient, a boy, was born in England, and lived some years in London, where he was employed as a messenger. Having suffered much from hardship and destitution, he applied to one of the orphanages, and was thus brought to Canada.

Nothing to be noted in the family history.

Patient stated that his health had always been good up to the commencement of the present trouble.

In the latter part of last July, while driving on a wagon loaded with stone, he fell off and the front wheel of the wagon passed over him. Ac-