

already so well marked that they can scarcely become intensified, while in the second type of short liver without constriction-lobes, extension downwards is prevented by that part of the right lobe which projects backwards above the kidney. The intermediate forms, however, are affected by the influence of the pendulous belly, in the direction indicated, to a considerable extent.

Another relationship must also be noticed. In pendulous belly it is well-known that the intestines (and the stomach slightly) become enlarged, mainly owing to distention with air. In many cases the bowels sink downwards, but in some instances they press forward and upward, especially the transverse colon. As a result of this the liver is pressed upwards or backwards. In the case of the downwards-elongated distorted liver or in the intermediate forms with this characteristic, the distended colon lying under the constriction-lobe pushes it forward and upwards away from the kidney. This is more marked if the colon and liver be adherent. But when the gut collapses the raised portion sinks again. It thus appears that the lobe is more or less constantly altering its position. The thin portion of liver substance connecting the constriction-lobe with the rest of the organ tends to become thinner by this constant movement, forming a kind of hinge.

More rarely the transverse colon and the small intestines may lie in front of the liver, even in the case of the downward-elongated type. This condition Hertz has found, especially when the liver is soft and flabby and the vault of the abdomen is roomy. This is especially apt to occur in front of the left lobe.

For a good many years the term "Wandering or Floating Liver" has been employed in literature. It was first used in 1866, by Cantani, who believed that the whole organ had a considerable range of free movement due to the influence of pregnancy and corset-wearing. Hertz, however, denies the possibility of this, as does Landau. They hold that relaxation and stretching of the so-called coronary ligament is not possible. It has been stated by Meissner and others that sometimes this ligament is congenitally in the form of a mesentery. Hertz says that this is very doubtful, though he does not deny its possibility. He never once saw it, however, in 1000 *post-mortem* examinations. Hertz believes that the cases described as wandering liver are merely those described by him in which the organ is elongated downwards with constriction-lobes. The part below the furrow has been oftentimes mistaken for the whole liver, especially when it is very mobile in pendulous or lax belly. Landau has employed the term "Rotating Liver" to these cases, because the part below the furrow may be easily turned in the direction of the ribs.