

When all these conditions are present in the right abdomen, there is little difficulty in the diagnosis.

Cases of displacement have occurred where, owing to adhesions, it has been quite impossible to replace the liver.

The difficulty of diagnosis in some cases is well illustrated by the fact that in two laparotomies displaced liver was found when altogether different conditions were suspected—in one case a movable kidney with hydronephrosis, and in the other an ovarian cyst was thought to be present.

In the treatment of the cases recorded sixteen were relieved by abdominal support. In one case a bandage could not be worn, as it increased the pain and tenderness.

It is, of course, not possible to retain the liver in position, but it would appear that a support to the abdominal walls is in many cases sufficient to prevent further prolapse, and that the symptoms produced by the dragging of the liver on the diaphragm are thus relieved. Four operations are reported in the appended list.

Binnie's laparotomy. Recovery in three weeks.

Peters operated in a case of supposed hydronephrosis, when displaced liver was found.

Richelot fixed the liver to the abdominal walls. Recovery.

In three other cases of floating lobe of the liver fixation to the walls of the abdomen was successfully done by Billroth, Tscherning, and Gerard Marchant.

In the appended tabulated list of seventy cases all except ten or twelve cases have been taken from original papers. It will be noticed that in two or three instances the condition diagnosed was rather a change in form than in position, and they probably should be omitted. In three or four others the change of position was slight, and there were so few symptoms present that they should scarcely be placed in the list.

It is probable also that in some of the cases mistakes in diagnosis were made.