

on the slightest exertion. Upon examination I found a somewhat dilated right heart, bronchitis, and emphysema. The abdomen was very pendulous, the liver somewhat enlarged and very much displaced. The upper border of relative dullness was not higher than the margin of the seventh rib in the nipple line, and the lower margin could be distinctly felt two inches below the umbilicus. When the patient was in the horizontal position the liver could be partially replaced. With rest in bed and the administration of digitalis, the patient made considerable improvement. I found, however, that each time she attempted to get up and move around the room she complained of the weight in the abdomen and of difficulty in breathing. Cyanosis rapidly followed. This condition had existed for months, and had gradually become worse. It occurred to me that the displacement and weight of the liver might be an important factor. An abdominal bandage was fitted in such a way as to support the latter organ with a most satisfactory result. The patient was able to go about the house and walk a block or two on the street, an amount of exercise she had not taken for months. The dyspnoea and cyanosis were much improved, and the patient lived for about five years in comparative comfort. She found, however, that when the supporter was laid aside the old symptoms of weight, dyspnoea, etc., quickly returned.

In this case other important pathological conditions were present besides the liver displacement—emphysema, dilated right heart, and cardiac liver. Nor was the displacement so marked as in some of the cases recorded by Leopold, for instance, but the result of the treatment demonstrated the fact that the displacement was one of the most important factors, and that support was necessary to the existence of any degree of comfort. A point of interest in connection with the case was the relationship between the position of the liver and the right heart. There was no doubt that the weight of the former had a marked influence on the production of cyanosis, and that this was relieved when the abdomen was supported.

In some of my experiments, after severing all the ligaments and drawing the liver downwards, the right auricle was slightly changed in shape and position. It was not possible, however, with an amount of force short of rupturing the ligaments, to produce any effect on the right auricle.

Upon examination of the tabulated list of cases, it will be noticed that in four or five a similar condition of dyspnoea and cyanosis is described, and that those disagreeable symptoms were relieved by the use of an abdominal support.

CASE 2. J.R., æt. 35 years, whom I was called to see in consultation on the evening previous to his death. Patient was pale, emaciated, and so weak that a thorough examination could not be made. The history