

promptly. In fact, the complete evacuation of the fluid relieved his circulation so completely that the benefit seemed to far outweigh the shock of the operation. The wound healed perfectly by first intention, and the patient was permitted to sit up in the third week. The fluid, however, rapidly re-accumulated, and tapping was required again before the patient left the hospital on the 26th day after operation. On his return home Dr. Bowles found it necessary to repeat the tapping at intervals, and the skin at the umbilicus gave way, so that constant leakage occurred from that point for about two weeks, but the sinus ultimately healed soundly. The actual dates of tapping after operation are August 27th, 32 pints; Sept. 10th, 24 pints; Sept. 29th, 20 pints. In October the patient began to improve, but fluid, in progressively decreasing quantities, was withdrawn on October 8th and 22nd, Nov. 2nd and 13th. Since the latter date the fluid has ceased to accumulate. At present (eleven months after operation) there is a small amount of fluid in the peritoneal cavity, but there is no edema of the legs, no shortness of breath, but little obstruction to the heart's circulation, and the patient enjoys a good measure of health, and is able to pursue his occupation with comfort. He is still a corpulent man, the circumference of the abdomen at present being 43 inches. The flesh is firm and free from edema, and altogether he presents the appearance of a man in fair health. The liver still maintains its condition of hypertrophic cirrhosis.

(Because it has a bearing in certain important points upon the subject under discussion, I wish to interpolate here a brief preliminary note of a second case upon which I have operated since reading the above paper before the Ontario Medical Association. This case was referred to me by Dr. H. H. Moorehouse, who assisted at the operation.)

CASE 2.—The patient, Mr. Q., is a man of good physique, aged fifty-four. He has always been a moderate drinker of malt and ardent spirits, but enjoyed good health until about June, 1901, when he began to complain of aching pains in the back. No ascites, however, was observed until October, 1901. At that time he noticed that the fluid increased rapidly in quantity, and the abdomen became greatly distended. On June 17th, 1902, Dr. Moorehouse removed by tapping 1040 ounces of fluid; and on July 7th, two days before the operation, we repeated the tapping, removing 960 ounces. On July 9th, 1902, we operated on this patient precisely as described above in Case 1. On making the incision in the middle line above the umbilicus, two veins, each as large as a lead-pencil, were found to lie in the base of the suspensory ligament, slightly to the right of the linea alba. These we carefully protected from injury by causing the line of incision to deviate slightly to the left. The round ligament itself, in the free border of the suspensory ligament, was very greatly enlarged,