

Werlhof's disease, Schonlein's disease, purpura simplex, etc., and would deny it to that form met with in variola, typhoid fever, pernicious anemia, leukemia, sepsis, snake-bite, and some others. This, however, seems to be too narrow a view. The trend of modern pathological research, far from accentuating the divisions of the earlier clinicians, tends to show that the processes at work in all these different conditions are capable of unification. Most cases come under the head of "infections." In the light of our present knowledge it would be better to speak first of an "essential" purpura hemorrhagica, including under this term morbus maculosus, morbus Werlhofii, purpura simplex, peliosis rheumatica, and purpura urticans. Whether scurvy (purpura scorbutica) should be included in this class is perhaps doubtful, since "essential" purpura is a sporadic disease, while scurvy is apt to be epidemic and endemic. Some observers, however, would place scurvy with the others in the "infective" category. Babes particularly has described a bacillus which he thinks is the cause, but other observers have obtained negative results. Hemophilia certainly should not be included in the first group, since it is characterized by family and hereditary peculiarities. It might be termed a "normal" condition for certain individuals, and is not to be regarded as a true pathological state, since it is a permanent and not an incidental or transient condition. The second group might be termed "symptomatic purpura," and would include all those cases which are met with in the course of the infective fevers, such as typhoid fever, variola, measles, scarlet fever, pest, yellow fever, sepsis, acute yellow atrophy, icterus gravis, etc. A third group might be termed "cachectic," including forms found in pernicious anemia, leukemia, carcinoma, Bright's disease, etc. A fourth group is the toxic purpuras, such as are met with in certain forms of poisoning—snake-bite, phosphorus, copaiba, antipyrin, etc. A fifth form is that found in disseminated sarcomatosis, to which attention has been called by Martin and Hamilton, where in one case which they studied there was actual sarcomatous invasion of the internal coat of the vessels, and in another emboli of sarcoma cells. Whether these were the only factors or not seems to be doubtful. The first two groups, and possibly the third, would fall under the head of "infectious" purpura.—*Medical Age*.

THE SURGICAL TREATMENT OF ASCITES DUE TO CIRRHOSIS OF THE LIVER.

It is taught generally that ascites in cirrhosis of the liver is due to mechanical obstruction of the portal circulation. Where the portal congestion is relieved through existing collateral channels, ascites may be absent. Cases of cirrhosis with ascites have been recorded in which the formation of more or less extensive peritoneal adhesions, due to repeatedappings or other causes, has