a funnel-shaped depression (see fig. 2), with the opening at the bottom. Passing above and around to the right of this depression were the pyloric end of the stomach and duodenum, obliterating hepatic dullness in this area.

Remarks. Encysted collections of fluid in the abdomen may consist of (1) simple serous cysts; (2) localized dropsy, requiring for their production (a) previous inflammation to produce the conditions necessary to form a sac wall, and (b) a lesion, causing dropsy, as disease of the heart, liver, or kidneys; (3) hydatid cysts; and (4) peritonitis, simple, tubercular, or cancerous.

In the present case, the first and second conditions need not be discussed, as efficient causes for the existing phenomena could only be produced by either the third or fourth conditions, and it was between these two that the diagnosis had to be made. The general appearance of the patient, he did not appear to be suffering from such an extensive lesion of the peritoneum; the gradual development of the cyst, for it evidently existed some time before February; the absence of pyrexia; the absence of a previous history of disease of the peritoneum; the prominence of the pressure symptoms; the high tension of the cyst, with the fremitus, however, only occasionally obtained; and the peculiar outline presented by the cyst, all indicated hydatid cyst of the liver.

The character of the fluid, however, contraindicated hydatid, in that it contained too much albumen—one-fifth, by volume—as well as a number of red blood corpuscles. Its specific gravity (1009) and color might occur in either hydatid or ascitic fluid of any origin. The presence of blood corpuscles strongly indicated carcinomatous or tubercular disease, but may occur in other conditions. The symptoms presented at the beginning of his illness in February not infrequently occur with the development of tubercular peritonitis.

THE TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES.*

BY L. M. SWEETNAM, M.B.,

Lecturer on Therapeutics in the Woman's Medical College; Surgeon to the Outdoor Clinic, Toronto General Hospital; Surgeon to St. Michael's Hospital.

A LTHOUGH my subject is as given, "The Treatment of Varicose Veins of the Lower Extremities," I do not propose, in this short paper, to attempt to treat the subject exhaustively, still less to criticize published opinions upon the advantages and disadvantages of the different forms of treatment recommended for this condition; but to give a gen-

Read before the Toronto Medical Society.