

gratifying results in cases where the pelvis has been filled with pus by loosely packing the pelvis with gauze so as to prevent the intestinal loops from dropping down and becoming adherent or kinked in the pelvis and so causing obstruction.

JOSEPH H. BARNHAM, M.D. "Suture of the Omentum to the Parietal Peritoneum (Epiploxy) for Ascites. *Medical News*, March 5, 1904.

The history of cirrhosis of the liver with ascites is usually progressive with fatal termination in nearly all cases. In old cases of this disease adhesions are often formed between the omentum and parietal peritoneum containing many large veins which show an effort of nature to establish a collateral circulation and relieve the congested portal system. The writer's case presented the usual symptoms of a fairly well advanced case, and at the operation about $6\frac{1}{2}$ gallons of a slightly blood-stained fluid were removed. She had never been tapped before. The peritoneum was greatly engorged, liver slightly nodular and about half its ordinary size, and the omentum adherent to the parietal peritoneum on each side, the adhesions being very vascular. The middle portion was sutured to the abdominal wall on each side of the incision, and a gauze drain inserted. Large quantities of fluid came away, and the edema of the feet and legs disappeared during the first two days. The general condition was always satisfactory and improvement marked. About one year later a pleural effusion formed and five quarts of bloody serum were withdrawn. Some observers think that the ascites of liver cirrhosis is due largely to blood changes secondary to the liver congestion. If this be so and the pleuritic effusion in the case was the result of such changes, the absence of a recurrent ascites speaks strongly for the operation. The possibilities of this operation are limited by the liver condition. In cases where the cells of this organ are so destroyed that its functions are lost, the result is fatal and the operation necessarily a failure. It is only in the less common cases where the destructive processes can be arrested that we can hope for a cure. In others, where the degenerative processes are slow the patients may be relieved. He is against curretting or irritating the surface of the liver and suturing it and other solid organs to the abdominal wall, and regards it as a more dangerous procedure, attended by a high mortality, and not likely to secure the desired effect. Simple suture of the omentum with gauze drainage gives the best results with the minimum amount of danger. The case shows the following points of especial interest. The presence of vascular adhesions showing the effort of nature to