

He has hitherto only used this method in cases of perforative appendicitis, and here the performance of the injection is very simple. The nozzle of a small syringe—the hydrocele-injecting syringe is a convenient form—is introduced into the “stump” of the appendix and the solution directly thrown into the cecum. Three drachms of magnesium sulphate, with ten drops of tincture nuxvomica, and a drachm of glycerin in an ounce of water is the formula generally employed. Two hours afterwards a turpentine enema is given, and the result has been excellent. He has employed this method in five bad cases of septic peritonitis associated with perforative appendicitis. In every case the results were surprising. And though the number is too small for a pronouncement as to establishing intra-cecal purgatives as a definite line of treatment, yet the cases are sufficiently striking to justify him in urging a trial of it. It is obvious that in other cases the solution could be easily and safely thrown into the colon by means of a hypodermic syringe obliquely introduced. Further evidence may elicit better purgatives than magnesia.—*Brit. Med. Jour.*

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

G. E. Brewer, New York, has collected from the literature 60 cases thus treated. The operation in most cases was that recommended by Morison, as follows: Under general anaesthesia open the abdomen and evacuate the fluid, then rub the upper peritoneal surface of the liver and the under surface of the diaphragm with gauze sponges until raw, freely-bleeding surfaces are produced. The same procedure should be carried out on the outer surface of the spleen and its adjacent peritoneal surface. Finally, stitch the great omentum to a freshened peritoneal surface on the anterior abdominal wall. A glass drain should be introduced to the lower part of the pelvis through a separate supra-pubic wound. The upper wound should then be closed and dressings applied. The fluid which collects in the pelvis should be frequently pumped out through the glass drainage tube for a week or ten days until the daily secretion is markedly diminished. The tube may then be removed and the wound allowed to heal. In reviewing the statistics furnished by this table, it will be seen that at least six cases have been cured of ascites by this procedure and have remained well for a period of two years or more; six others have been relieved of this symptom for from two to six months, but have