in ordinary ascites; there is no ascites in other parts; for instance, of the legs, the abdominal wall, or of the outer genitals. A patient often comes to us like a skeleton, with the exception of a very prominent abdomen, which makes us think at once of an abdominal tumor, in the modern sense of the words; *i.e.*, a new growth. A special characteristic of this kind of case is the absence of all the ordinary factors, one or more of which are so often found to have given rise to ascites. So then, in the first place, a careful examination must be made for disease of (1) the circulatory apparatus; (2) the liver; (3) the kidneys; and only those cases of ascites in which such etiological factors can be positively excluded come, properly speaking, into the domain of gynecology; and it is only these, and none others, that Gusserow is discussing. Most gynecologists are now agreed upon the best method of handling such cases. Unfortunately, the ordinary practitioner is too apt to follow the older method, a circumstance which sometimes proves very unfortunate for the patient. He still clings to the idea that an attempt should be made to ascertain the cause of the ascites by means of a puncture: or, what is worse, he is apt to make the treatment consist in further punctures, and to continue these until the death of the patient. Puncture is, in my opinion, in every way inadvisable. It is true that we, in common with other gynecologists, for many years taught that puncture was always necessary for the diagnosis for an abdominal tumor. This idea they have now given up, and we consider it quite as absurd to make a puncture for diagnosis in the cases of general or "free" ascites. This new doctrine I have taught for many years, and the same holds good for tapping to take away the greater part of the fluid. It used to be the custom to make a puncture with a Pravaz syringe, and draw off a little fluid, have it examined chemically and microscopically, in order to make a diagnosis of the kind of ascites and of its probable origin. Although much work has been done on the subject, there are many cases, and especially nearly all of these cases of "general ascites" which we are discussing now, where such an examination will give us no information at all. Better than this is tapping for the removal of the greater part of the fluid, since we thus get a better chance for palpation of the abdominal and pelvic organs, and may possibly be able to detect the cause which was concealed by the amount of the fluid. This "chance" of making a diagnosis frequently led to the adoption of this treatment, which, as we said, was often not the best for the patient. The reasons against this method are (1) the uncertainty of being able to make a diagnosis, even when the fluid is drawn off; (2) the faint chance, even with the best asepsis at our command, of setting up a septic process. (This latter danger has now, it is true, been reduced to a minimum, but we have nevertheless seen cases of erysipelas and of septic peritonitis from tapping.) (3) The liability of injuring vessels, and of conse-