

began to complain of various digestive disturbances—fulness and feeling of distress at the epigastrium—loss of appetite, flatulence and diarrhoea—the latter being rather troublesome, the evacuations composed principally of mucus containing streaks of blood. There was no vomiting. He also had hemorrhoids. Towards the middle of June he noticed his feet swollen, and about the same time his belly began to enlarge.

On admission the patient was found much emaciated, grey and aged-looking—a thin drawn face with no very marked fulness of the cutaneous capillaries—anæmic but not particularly sallow. Extensive ascites, with very great enlargement of the superficial abdominal veins. No albumen in the urine; other organs normal. On the 17th September he was tapped by Dr. Fenwick with a small aspirator needle, twenty-eight pints being removed. This was followed by fever and abdominal tenderness for a few days, and rapid re-accumulation of the dropsy. Was again tapped, seven days after, in the same way, twenty-four pints were drawn off. During and after this period he was further treated by a pill of digitalis squill and pil hydrarg: potass. bitart, and an occasional dose of elaterium. In spite of this he again required tapping on October 16th, twenty-eight pints being obtained. The operation was done this time by the ordinary large trocar. He was very faint almost immediately after, but beyond this no bad symptoms. Patient continued very weak from this time. On the 27th was again tapped to 23 pints. To alleviate the faintness, this paracentesis was done with a fine trocar, the size of the ordinary exploring instrument. It had been made expressly for the purpose, was provided with a phlange and attached to a rubber tube to conduct away the fluid to a bucket. It answered perfectly well, and the serum ran slowly off whilst he lay quietly in bed. A few hours after, however, he had a severe rigor, followed by great pain in the abdomen, and constant vomiting. In spite of active treatment by poultices, hypodermic morphia, and stimulants, he rapidly sank and died on the morning of the 29th October.

The autopsy revealed nothing beyond advanced cirrhosis of the liver with evident signs of recent peritonitis.