

limit of the patient's capacity. No record of the amount was kept, but as thirst was great large quantities were taken. The stupor rapidly decreased, but the patient was drowsy for several days. Convalescence was interrupted by uremic convulsions, which were accompanied by a marked diminution in the quantity of urine. In spite of the large doses of alkali the urine remained persistently acid throughout the patient's stay in the hospital. The sugar varied from 1 to 3 per cent. under a diet which contained a little bread and considerable quantities of milk. Acetone was more frequently present in the urine than absent, but its odor persisted only a few days after entrance. Suppuration occurred at the site of the hypodermic injections. The abscesses were long in healing.—G. G. SEARS, *Boston Medical and Surgical Journal*.

A Case of Recovery after Talma's Operation.

In November, 1904, the writer was consulted in a case of ascites due to cirrhosis of the liver. The patient had to be tapped every two or three weeks, removing each time from three to five gallons of fluid. In the operation the method advocated by Talma was followed. The abdomen was opened between the umbilicus and the ensiform cartilage, evacuating the accumulated fluid. The liver was rubbed with a nail-brush until there was a slight hemorrhage, and the peritoneal covering of the diaphragm was treated in a like manner. Five sutures of forty-day catgut were used in stitching the abraded surfaces of the liver to the abraded surface of the diaphragm. Five or six loops of omentum were then stitched to the peritoneum, and they were also included in the sutures which closed the abdominal incision. The establishment of collateral circulation was slow, and the patient was tapped three times before it was complete. The accumulation of fluid in the abdomen became less, and in three months the patient resumed his occupation. The patient has gained about twenty-eight pounds in weight, and his nutrition is good. As yet only eight months has elapsed since the operation, and it is too soon to affirm positively that the recovery is perfect, but the results are sufficiently so to justify the operation in properly selected cases.—G. C. STEMEN, *New York Medical Journal*.

Treatment of Pityriasis Versicolor.

P. Gallois, in a communication to the Therapeutic Society of Paris, recommends a solution composed of peroxide of hydrogen, eight ounces, to which is added one drachm of borax. The daily application of this lotion will remove the unsightly stains of this disease in about two weeks.—*Medicine*.