

regular. The patient continues to take the acid mixture. He sits up every day.

1888.

January 12.—He is in good condition; works at hard manual work. He has become temperate and rarely drinks any liquor.

1889.

October 26.—I examined T. B., no longer a patient, but a strong, hardy looking man. The area of liver dulness was normal, four inches in the right mamillary line; a portion of the left lobe seemed firmer to the touch than it ought to be. The abdomen was quite natural. Pulse 75, tongue clean, colour of face pretty good, appetite said to be good, except in the morning. He takes a nutritious diet of bread, meat, vegetables, and milk. Takes one glass of beer at dinner, and one when he quits his daily work. He does not drink strong liquor at all. He has taken no medicine since I discharged him in the summer of 1887.

I now propose to discuss the various steps in the treatment of this case. In the first place I think that the preliminary exhibition of diuretics in such a case was quite useless. This might naturally be expected, owing to the scanty secretion of urine, and the slowness with which diuretics would enter the circulation of a patient who was suffering from an obstructed condition of the portal system. The purgatives, viz., elaterium, jalap, etc. caused catharsis with prostration, but did no good.

The first tapping done by Dr. McCollum, November 27, 1886, certainly did good, allowing the patient to breathe freely, and causing the œdema of the genitals and legs to lessen considerably.

The fluid certainly collected rapidly as he required a second operation in fourteen days.

I then decided to use mercury along with surgical treatment. There was no history of syphilis, and I used it for two reasons: (1) as a diuretic and intestinal evacuant, and (2) to promote the resolution of chronic engorgement of the liver, and favor the removal of plastic exudation.

The dilute nitro-muriatic acid seemed to be an appropriate tonic, particularly as it keeps the bowels open.

Assuming that the disease had been caused by the excessive use of alcohol, I prescribed

total abstinence from all alcoholic drinks, and I am inclined to think that apart from the surgical procedures, that was by far the most important part of the treatment.

In a discussion on the cure of alcoholic cirrhosis, which took place at a meeting of the "Société Médicale des Hospiteaux," of Paris last December, different opinions were expressed as to the advisability of prescribing total abstinence from alcohol to patients affected with the disease in question, and also as to the medicinal treatment.

M. Hallopeau spoke of a patient affected with alcoholic cirrhosis, with ascites, from whom he had removed by tapping 15, 20, and 22 litres of liquid (15 litres=4 gallons and 1 pint wine measure), and who was then perfectly well. The liver had assumed its normal size, and the individual drinks from two to three litres of wine a day, with 4 or 5 small glasses of brandy.

M. Joffroy stated that he "recalled four cases of the cure of alcoholic cirrhosis, with ascites, and in all of them the only therapeutic agent used was an exclusively milk diet."

I have not said anything about the treatment of such cases prior to the occurrence of ascites. Flint says that "hæmorrhage from the stomach sometimes precedes the occurrence of dropsy, and in a spirit drinker renders the existence of cirrhosis probable." In such cases in addition to the medicinal treatment, total abstinence should be prescribed. I have known persons who had suffered from profuse hæmatemesis without dropsy to recover their health on giving up the use of alcohol.

To sum up (1) In cases where ascites is present, tapping should be practiced and the operation repeated as often as may be necessary. (2) Alcohol in all forms should be interdicted. (3) Tonics should be used, and I am inclined to recommend the use of dilute nitro-muriatic acid. (4) Nutritious food is of great importance, as the patients are usually anæmic. I am not prepared to defend the use of mercury in such cases, more particularly as good evidence has been given of cure in cases in which it had not been used. In the case now reported I was induced to use it after two tappings on account of the rapid accumulation of the liquid. The fact that after the patient had been mercurialised and tapped a third time the liquid