

Where repeated tapping is not successful in preventing the return of the dropsy the Talma-Morison operation may be performed. This consists in opening the abdomen and stitching the omentum to the abdominal wall so as to increase the area of the collateral circulation. In Morison's operations he has subsequently drained the abdomen for many weeks, keeping a tube in position so long as there was fluid to run away, but in one of his cases after the wound had healed the ascites re-accumulated and had to be drawn off by tapping. This prolonged drainage does not seem to be justifiable. The essential part of the operation is the creation of additional adhesions between the viscera and the wall of the abdomen, and time is required to permit of the development of the new vessels to such a size as to be of real service; but it is not necessary to drain continuously in order to effect this. So long as the tube is kept in the patient must be confined more or less to bed, whereas if the wound is allowed to close he should be able to get about in five or six weeks' time, and would only, at the most, have to go to bed again for a few days at such times as it might be necessary to remove any accumulated fluid by further punctures. This is the procedure adopted by Prof. Terrier, and seems to be that which deserves approval.

The value of this operation should not be overestimated. As a rule repeated simple punctures suffice. It may be admitted that Morison has proved that his operation adds considerably to the collateral circulation, and therefore where repeated punctures have failed the operation should be tried. It is not fair to postpone it till the patient is moribund or suffering from the terminal infection to which these cases so often succumb. If tapping is employed sufficiently early and repeated as often as necessary, the stage at which the operation will become indicated will not be too late.

The other symptom which is a direct result of the hepatitis is hematemesis caused by the rupture of a dilated vein formed in the course of the development of the collateral circulation. These veins usually rupture in the esophagus.

The symptoms of ascites and hematemesis are more or less mutually exclusive, and rarely occur in the same individual except, perhaps, just before death.

The condition is one which does not admit of any radical treatment; rest, abstinence from food, and an ice-bag, with a hypodermic injection of morphia constitute the extent of our therapeutic resources.