

stomach and the sub-diaphragmatic veins which join to form the oesophageal plexus of veins which empties into the azygos veins. As the progress of interstitial hepatitis is necessarily slow there is no reason why these collateral vessels should not develop sufficiently to carry on the circulation and so to prevent peritoneal dropsy; in fact it is probable that but for some accident this would always occur. An alcoholic debauch leading to sudden congestion of the liver is probably the most common cause of the equilibrium being upset; an injury such as a blow on the liver, caused by a fall, may have the same effect. When dropsical fluid has been poured out into the peritoneal cavity it constitutes in itself a hindrance to the venous circulation by raising the intra-abdominal pressure, and therefore so long as it persists it prevents the re-establishment of the circulatory equilibrium. For this reason attempts to get rid of the fluid by diuretic drugs fail, while the use of hydragogue cathartics is not unattended by danger of setting up an enteritis which may prove fatal. It is therefore recognized that the best means of removing the fluid is by paracentesis. This operation is generally performed by puncturing the abdomen in the middle line, midway between the umbilicus and the pubes, the patient being seated in a chair and propped with pillows; the trocar should be connected with a tube, the lower end of which is sunk under water by a weight; a broad flannel bandage should be wound round the abdomen and drawn tighter as the cavity empties itself. Where the patient is weak the abdomen may be tapped in the right flank while the patient remains in the recumbent position, but this is seldom necessary in ascites of hepatic origin. The operation of paracentesis should be performed so soon as the fluid has accumulated in sufficient quantity to cause discomfort, and it should be repeated as often as the fluid re-accumulates. By these repeated punctures there is a fair prospect of permitting the re-establishment of the circulation and of effecting thereby a cure of the abdominal dropsy. This object is one worthy of attainment because when relieved the patients feel themselves restored to health and are able to resume their ordinary duties without being conscious of any disease. A hospital patient of mine, who was tapped five times during 1901, wrote to me in August, 1904, to say that at the time of writing he had never felt better in his life; he is a gentleman's servant, and had been able, with the assistance of the footman, during the whole of the previous winter to carry his master, who weighed sixteen stone, up and down stairs every night and morning.