

liver was somewhat enlarged, with rounded borders and slightly roughened surfaces, presenting, in fact, the appearance found in hypertrophic cirrhosis. The spleen also was very considerably enlarged, so much so, in fact, that after the second tapping, in which 960 ounces were removed, the notched shape of its anterior border could be seen plainly through the thin abdominal wall. The patient stood the operation very well indeed, and exhibited scarcely any signs of depression or shock. He has, moreover, no symptoms of the auto-intoxication leading to nervousness, delirium, etc., which have been described in other cases. It is now 21 days since the operation. The wound has healed throughout by first intention, but it is clear that ascitic fluid is again gradually accumulating, and doubtless he will require to be tapped repeatedly as in my first case before the benefits of the operation become established. I hope to make a further report on this case, as to the ultimate result obtained.

*Remarks.*—It will be observed that in my operations I did not irritate or scrub the surfaces of the liver or spleen, or the parietal peritoneum, to any extent whatever. I am aware that this is distinctly in want of conformity to the procedure originally advocated by Talma, and afterwards practised by Morison and almost all subsequent operators, and therefore the departure seems to demand reasons for its justification.

That the operation as described is efficient and adequate, is attested by the satisfactory condition of the patient (Case 1), whom I now present to the Association eleven months after the operation was performed. I may state that when I began the operation I had no definite plan differing from the methods advocated by the originators of the operation, but on opening the abdomen the liver presented itself as a very large organ with thick, rounded borders, and showed a degree of turgidity and congestion which led me to fear that even a slight irritation of its surfaces might lead to very extensive, if not dangerous, venous oozing. It seems to me also that an extensive scrubbing of this and adjacent surfaces in the sensitive and irritable splanchnic region must be productive of a very considerable degree of shock; and I felt that my patient's condition would not support such an assault. In fact, I submit that a moment's thought will substantiate the view that in the method of treatment above described there is really less traumatism inflicted, and consequently less shock produced, than in the scrubbing method, in which I consider that the shock is very much greater than would appear on a superficial view of the subject. Moreover, the large size of the veins in the omentum seemed to invite one's attention, and almost to suggest that if these were pocketed into the abdominal wall, communication with the systemic veins would speedily become established. Again, I would point out that the blood which first passes through the collateral circula-