

borne out by the series of skiagraphs illustrating the article and also by the fact that there is generally a scar found on the articular surface of the internal condyle of the femur, the part most liable to injury.

### **Value of Albuminuria in Differentiating Pyelitis from Cystitis**

THOMAS R. BROWN, M.D. "The Value of Albuminuria in Differentiating Pyelitis from Cystitis." *New York Medical Journal* and *Philadelphia Medical Journal*, October 17th, 1903.

The writer gives a very simple way of differentiating pyelitis from cystitis requiring merely the precipitating of albumen by heat and acetic acid. The exact quantity need not be measured, but the amount roughly judged by the denseness of the precipitate. It was found that pyuria due to a cystitis, even if of a high grade, was associated with but a small amount of albumen, if the urine was examined immediately after catheterization, and the pyuria not accompanied by hæmaturia. In pyuria due to a pyelitis, however, a considerable quantity of albumen was found to be present. Nine cases are reported in which pyelitis was diagnosed or rendered probable as against cystitis and proved by cystoscopic examination or ureteral catheterization, or both, to be correct.

### **Two Cases of Ascites Secondary to Alcoholic Hepatitis Treated Successfully by Operation.**

SINCLAIR WHITE, M.Ch., F.R.C.S. "Two Cases of Ascites Secondary to Alcoholic Hepatitis, Treated Successfully by Operation." *British Medical Journal*, October 10th, 1903.

A brief sketch of the history of epiploorrhaphy is given and a report of two cases successfully operated upon by the writer. Both cases were women over 30 years of age, who had been confirmed alcoholics for several years, and presented well marked ascites with œdema of the lower extremities, absence of jaundice, urine scanty and high colour, no albumen. Several tapplings had been done without any permanent benefit. The danger of operative interference is a real one, but the mortality should be greatly reduced by a proper selection of cases. It should rarely be undertaken after the age of 55, the patient must be free from any other serious organic disease, the kidneys especially must be sound, while jaundice and mental aberration of themselves preclude surgical interference. He sums up the knowledge of the subject as follows:—

1. There is indisputable evidence that cirrhosis of the liver, accompanied by ascites, is not always a hopeless disease.
2. The ascites can be permanently cured in a considerable percentage of cases by operation.
3. There is reason for thinking that the operation of epiploorrhaphy may not only cure the ascites, but also lead to partial regeneration of the damaged liver cells.