ON PARACENTESIS ABDOMINIS.

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ALL writers who describe the operation of paracentesis abdominis seem to agree upon the propriety of immediately closing the puncture, after the withdrawal of the trocar, and such is the universal practice of physicians, so far as I have been able to ascertain.

Boyer alone, of the writers whom I have consulted, describes a different course—that of retaining the canula *in situ*—but denounces it as impracticable, on account of its sequences, acute pain, irritation of the viscera and inflammation of the wound, to say nothing of the danger from the entrance of air into the abdominal cavity, which he omits to mention. The few exceptions who proved able to escape, or to endure, these evils, “gained only the advantage of passing large quantities of water through the canula, and eventually died, all the same, of their dropsy”—a result which one would naturally expect.

The books give no definite directions in regard to those cases, by no means infrequent, in which the fluid continues to flow after the removal of the trocar (in spite of the usual precautions to effect its thorough evacuation before withdrawing the instrument), but the classical practice is, I believe, to close the opening as soon as possible.

In speaking of the hæmorrhage, which sometimes results from the injudicious selection, by French surgeons, of a point midway between the umbilicus and the anterior superior spine of the ilium as the proper situation for entering the trocar, Boyer incidentally mentions an expedient of Belloeq's to check the bleeding:—the insertion of a soft and plastic wax bougie into the puncture. On another occasion, Belloeq employed the same means to stop the flow of serum from a patient whose abdomen *would* leak, in spite of the usual applications of plaster or lint, whereby the serum “*en se refroidissant, incommodait beaucoup le malade.*”

A case recently came under my observation, in which the continued flow of serum contributed enough to the patient's comfort to more than counterbalance any inconvenience resulting from it.

X. Y., aged 47 years, presented, on the 1st of September, well-marked symptoms of cirrhosis of the liver and abdominal dropsy, which followed ten years of good living and hard drinking. He had had pneumonia of the right apex twenty months previous to the above date, which resulted in the formation of a cavity and severe hæmorrhages. He had received great benefit from a residence of three months in Madison, Wis., and for some time had had no trouble except a cough, which occasionally annoyed him at night.

Paracentesis abdominis was done on the 13th, the immediate cause being inability to sleep from cough, intense dyspnœa, and failure of the stomach to retain nourishment—all of which symptoms

appeared suddenly, without any perceptible increase of the dropsy. Relief followed, but the fluid soon returned, and by the 18th, his legs and genitals were intensely œdematous, while the cough, dyspnoea and nausea were almost as bad as before. He now refused to be tapped, saying that he "did not see the use, as the whole thing would soon return as before."

On the 24th, he was suffering intensely, and consented to have the operation repeated, and it was immediately done. On withdrawing the trocar, serum continued to flow in quite a stream. I waited some little time, and, finally, went away, telling the male nurse in attendance to renew, from time to time, the cloths which absorbed the fluid, and to apply the usual bit of plaster when the discharge had sufficiently decreased.

The next day, I found that the puncture still remained open, and the flow had continued as great as when I had left him. The patient reported himself feeling very comfortable, and made no complaint of the state of affairs, the nurse having changed the cloths as often as necessary. For nine days, the discharge continued, and during the whole of this time he was free from all distress, while the genitals and legs resumed their natural condition. He was able to get out of bed without assistance, having been perfectly helpless during the greater part of his sickness. At times the puncture could have been easily closed, so slight was the flow, but upon careful probing it would increase.

On the 3d of October, the aperture closed, and, by the 6th, the distention, with its train of distressing symptoms, had returned, together with an intense jaundice. Tapping was again resorted to, with temporary relief, but on the morning of the 8th he sank rapidly, and died the afternoon of that day.

Another instance has come to my knowledge of an old gentleman in whom the puncture remained open six weeks, during which he was far more comfortable than at any other period of his illness.

It would seem that repeated tappings might in this way be (in certain cases) avoided, and considerable ease be given the patient. Of course, in hospital practice, or among those who cannot command the necessary care required in changing the cloths, such a course would be next to impossible. Should the fluid fall below the level of the puncture, the valvular opening closes of itself, and all danger from air entering the abdominal cavity is avoided.

THE recent fog in London will long be remembered for the discomforts, accidents and mortality resulting from it. Persons in good health suffered from severe headache and smarting of the conjunctivæ. In numerous cases, it proved fatal to persons with cardiac and pulmonary diseases. In some of the hospitals, the death rate was unprecedented. In the Cattle Show, the horned cattle suffered severely from difficulty of breathing, but the sheep and pigs were less affected.