A CASE OF ASCITES CURED BY PERMANENT DRAINAGE OF THE FLUID INTO THE SUBCUTANEOUS TISSUE.

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A FEMALE patient, G. B., aged 35 years, was admitted to the hospital suffering from ascites. Her general condition was weak, the liver and spleen were very much enlarged, but the heart and kidneys were normal. Before her admission to the hospital, in spite of all medical treatment, she had been tapped eight times at intervals of about two weeks, and at each tapping nearly 20 pints of fluid were withdrawn.

Previously in similar cases I had tried artificial drainage by means of a short straight cannula and also by passing silk threads through the peritoneal cavity into the subcutaneous tissue of the groin, but after two or three weeks the fluid again began to accumulate.

For this case I devised a curved silver cannula about 2 inches long with two circular flanges at the curved end.

A semi-circular incision was made in the left iliac region and a flap of skin was turned down. The muscles were split by McBurney's method and an opening made into the peritoneal cavity. One flange of the cannula was inserted in the peritoneal cavity and a purse-string silk suture was passed through the peritoneum and tied tightly round the neck of the cannula between the two flanges.

In order to keep the cannula in position it was fixed to the muscles by means of silver wire passed through the holes in the outside flange. The straight end of the cannula pointing downwards was inserted in a pocket made in the subcutaneous tissue. The muscles were stitched together and the skin united by metal clips.

At the time of the operation I had left half the quantity of fluid in the peritoneal cavity. Later on this was evidently draining well, as on the third day after operation there was marked collection of fluid in the subcutaneous tissue of the left iliac region, groin, and vulva.

In order to remove the excessive pressure of the fluid I tapped the patient in the right iliac region and removed all the fluid. Compresses of lead lotion were applied to the swollen parts and the swelling rapidly subsided. The clips were removed on the sixth day and the wound was quite healed.

The operation was performed on the 11th June, and the patient was discharged on the 29th June, after keeping her under observation for 18 days. The patient's husband reported to me four months later that she was well and that there was no sign of the fluid refilling.

A CASE OF ANGIO-NEUROTIC ŒDEMA.

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SIX weeks ago, Mrs. X, a European lady, while playing "bridge" in partnership with me, suddenly complained of intense itching and burning of the skin of the neck, arms, and shoulders.

This occurred twice more in the course of the next half-hour greatly irritating the lady who complained feelingly of these "awful attacks of prickly-heat."

However, shortly afterwards, large, tender, red and sharply-circumscribed swellings appeared on the patient's neck, back of the fingers, hands, arms and face, affecting the eyelids and lips, so much so that her features were greatly distorted. On sitting, the patient complained of pain and swellings of both buttocks also. The symptoms puzzled me at the time and, the diagnosis being uncertain, a soothing lotion was applied temporarily, and it afforded some alleviation of the irritation. Next morning all swellings had disappeared except some slight œdema which still remained on both hands.

The next night I was asked to see the lady as she was again affected by the same symptoms and was much distressed, as the lips were more swollen than on the night before. I learned that this attack occurred at almost exactly the same time (7 p.m.) as the first one. This time the patient remembered a similar, though infinitely milder, attack three weeks before when in Shillong—but never before that. There was no hereditary history of the disease. One or two members of the family had had skin troubles (acne, eczema) and rheumatism. The lady denied any irregularities of diet or susceptibility to any particular food. No gastro-intestinal disturbance occurred in this case in association with the above symptoms, though such manifestations are said to occur sometimes. From the character of the œdematous swellings and their periodicity and transient nature the above diagnosis was made. A hypodermic injection of adrenalin hydrochloride 1 : 1,000 m.x. was administered and in the space of an hour all symptoms had subsided. The lady remained well for a week, when another milder attack occurred (again at night and about 7 p.m.) but once more disappeared rapidly with the same treatment, and no more attacks have occurred since. The interesting feature of the case was its remarkable periodicity, the three attacks occurring at about 7 p.m. each time, as in Matas' case described by Osler (*Practice of Medicine*, 9th edition, p. 1115). I was gratified at the success of the adrenalin treatment, as the treatment of these cases is said to be unsatisfactory (Osler) and in my case it was largely in the nature of an experiment that I used the drug