possible, in the present state of our knowledge, to affix limits to the usefulness of the instrument.

[Dr. Cruise, having read the foregoing paper, proceeded to exhibit and explain the construction of the endoscope which he uses, and to point out the means by which he obtains a light possessing the requisite qualities of *intensity, steadiness, and facility in adjustment*. These details will form part of another communication. A discussion followed the exhibition of the instrument, in which many present bore testimony to its value.]

A CASE OF ASCITES,

ACCOMPANIED WITH OVARIAN DISEASE, IN WHICH
PARACENTESIS ABDOMINIS WAS PERFORMED
FIFTY-FIVE TIMES.

By HENRY HEMSTED, M.R.C.S., *Whitchurch, Hants.*

M. B., AGED 23, living at *Hurstbourne, Hants*, came under the care of my father, Mr. T. R. Hemsted, on April 10th, 1859. For the preceding six months, she had suffered from frequent attacks of pain in the abdomen, with vomiting and retching. On each occasion, leeches were applied with relief for a time. She had been a patient both in the *Southampton* and the *Winchester Infirmarys*.

Upon examination, the abdomen was considerably distended, with distinct signs of fluctuation. In the right iliac region, upon deep pressure, a tumour was discovered, hard, and of about the size of an orange. The distension continued to increase, and such discomfort was thereby produced, that on July 14th, 1859, paracentesis abdominis was performed, and five gallons of liquid drawn off. No unfavourable symptom followed. But in a short time, the abdomen began again to increase; and within five weeks, the operation was again performed, when an equal amount of liquid was withdrawn. During the succeeding eighteen months, the operation was performed sixteen times.

In the spring of 1861, the friends became anxious to have the opinion of some eminent London surgeon. She was recommended to *University College Hospital*, and became a patient under Mr. *Erichsen*, on April 17th, 1861. He gave the opinion that the liquid was situated in the peritoneal cavity; but that there was superadded a small tumour, in the pelvis. He did not recommend any operative procedure, other than the withdrawal of the liquid as it was required. She was tapped twice during her stay in the hospital, a week intervening between the operations. The ordinary amount (five gallons) was obtained the first time, but only three the second. On May 20th, 1861, she returned to *Hurstbourne*, and again became a patient of my father's. From this time, it was necessary to perform the tapping every four, three, or two weeks, up to January 29th, 1863, when the operation was performed for the fifty-first and last time. She became greatly depressed, never rallying, and died in February 1863.

At the *post mortem* examination, the peritoneal cavity contained more than a gallon of liquid, clear, without any shreds of lymph. The membrane itself was much thickened; in some places resembling moist wash-leather. The viscera were all firmly adherent to each other. On the under surface of the liver, there was a layer of coagulable lymph, which could be torn off in shreds. In the pelvis, there was a tumour, of about the size of a child's head, partly occupying the right lumbar region. This tumour was connected with the broad ligament of the uterus, and proved to be the right ovary enlarged. After removal, its weight was eleven pounds. It was afterwards examined by Professor *Harley* of *Univer-*

sity College, who stated that it was an ordinary ovarian tumour, made up of numerous cysts. The other organs of the body were all healthy.

I have been induced to record this case, from the time it continued under observation—forty-seven months—for the number of times the operation of paracentesis was performed—in all fifty-five times; and from the large amount of liquid withdrawn, at the lowest estimation, two hundred and seventy-five gallons.

The history of the case clearly pointed to some localised inflammation of the peritoneum, limited to the region of the right ovary, and having, as its cause, some irritative action of the organ. The ovarian tumour, in all likelihood, was never punctured; but at every time the trocar was introduced, the liquid was obtained from the cavity of the peritoneum.

Reviews and Notices.

HANDBOOK OF SKIN-DISEASES FOR STUDENTS AND PRACTITIONERS. By THOS. HILLIER, M.D. Lond., Member of the Royal College of Physicians; Physician to the Skin Department of University College Hospital, etc. Pp. 367. London: 1865.

HERE is another book on skin-diseases; and, like other writers on the subject, the author makes a classification of his own. This classification is a mixed one; partly founded on the natural affinities of the diseases, and partly on Willan's principle of elementary lesions. Dr. HILLIER arranges all skin-diseases under four main divisions—Acute Specific Infectious Diseases; Parasitic Diseases; Syphilides; and Other Diseases. The last division includes the exanthems, vesicular, pustular, papular, squamous, hæmorrhagic, and pigmentary diseases, diseases of the sebaceous glands, and of the nails and hairs, gangrenous inflammations, hypertrophies and degenerations, and heteromorphous exudations. Those who would study more closely the merits of this classification must consult the book itself. For ourselves, we most heartily wish that dermatologists would come to some agreement as to the best method of arrangement, and use it until something better, and allowed generally to be better, shall have been found. There is, however, one consolation: that, whatever be the classification, whatever the place in a system which a disease may assume, the variety of opinion as to this has comparatively little influence on the most important question at issue—that of its treatment. Skin-disease physicians treat skin-diseases—eczema, herpes, impetigo, tinea, or whatever they may be—according to the nature of the case and by their best judgment thereon.

It is, then, principally as a practical book that we have to regard this manual of Dr. Hillier's; and here we find much merit in it. Among the preliminary chapters, there are some very useful ones, concisely but clearly written, on definitions and other general matters. Thus, the fourth chapter contains a definition of the terms *Exanthemata*, *Papules*, *Tubercles*, *Vesicles*, etc. In the fifth chapter, *Ætiology* is discussed; and here the author shows how in some cases skin-diseases depend sometimes on affections of the general system, sometimes on diseases of individual internal organs; how skin-diseases