

evidence of tubercle. The abdomen contained four pints of ascitic fluid. The liver was large, "nutmeg," and fatty; the kidneys and spleen showed changes due to venous engorgement.

Dr. Thomas Harris in 1895 published a monograph on mediastino-pericarditis. The youngest patient mentioned was a child, aged 2 years. The diagnosis is difficult. In the present case, except an increased area of cardiac dulness and an occasional lividity of the extremities there was nothing for weeks to lead anyone to suspect any affection of the heart.

Acne, Lupus, and Leprosy, and their relation to the Nasal Fossæ.

—Dr. Sticker (*Wien. Med. Presse*, 1898, No. 42, col. 1660) lays stress on the frequency with which many diseases affecting the lymphatic system of the face have their starting point in lesions of the nasal mucous membrane. The tendency of erysipelas to originate in such a manner is well known, and glanders in animals has a similar starting point. In leprosy it is the rule to find ulcerating lesions of the anterior nares in the great majority of cases (80 per cent.), and it is legitimate to believe that this constitutes the seat of primary inoculation. The occurrence of lupus vulgaris in the nose is also well known, but a similar manifestation in lupus erythematosus is a more novel assertion. The writer recounts two cases in which ulceration of the nasal cartilages occurred in this disease, and in which tubercle bacilli were found in the lesions. [It may perhaps be permissible to doubt whether these cases were not rather instances of the superficial form of lupus vulgaris to which the name "erythematodes" has been applied. Such unusual cases would need very close examination before they could be admitted as proof of the tubercular nature of lupus erythematosus.] The occurrence of ulcers of the nares as a source of acne is also a somewhat novel discovery. The writer lays stress on the importance in all these cases of attention to the condition of the nose, from which the mischief starts, and states that by antiseptic irrigation of the nostrils, he has succeeded in curing cases of acne which had proved rebellious to all other treatment. He finally suggests that it may some day be found that measles, scarlet fever, small-pox, etc., are diseases primarily of the lymphatics of the skin, starting in the mouth or nose, and not general blood diseases, as they are usually considered, just as enteric fever has its main localisation in the intestine, the bacilli not passing into the general circulation.

Peculiar Cardiac Physical Signs in Phthisis.—J. Burnet, M.A., M. B. (*Lancet*, November 19, p. 1323; December 10, p. 1548; and December 31, p. 1816).—Attention has recently been called to the presence of cardiac impulse and sounds on the right side of the chest, although on post-mortem examination the heart was found in its normal position. In the cases referred to there existed cavity formation at the upper part of the right lung, with consolidation of the lower lobes. At first sight it seems difficult to account for the peculiar phenomena observed. It is a well known fact that during respiration cardio-pneumatic sounds are often produced which simulate closely organic cardiac murmurs, and, indeed, are often mistaken for these. They may be heard either in