

remain, namely, the myelitis, and especially, secondary degenerations. Pathological anatomy has demonstrated the lesion limited to the dorsal cord. Thus the author would look upon this syphilitic spinal paralysis as a stage or a special localization in this meningo-myelitis. Only a few cases correspond to Erb's description, for they mostly show more extensive symptoms. The author hardly regards the prognosis as very favourable. The symptoms are not absolutely characteristic, but the fluctuating course of the disease, the effect of treatment, and the existence of (1) present or past cerebral symptoms, (2) meningeal irritation symptoms, (3) manifestations pointing to several foci of disease, or (4) the undeveloped symptom complex of Brown-Séquard's paralysis, are more definite guides to the differential diagnosis.—*Brit. Med. Jour.*

**Hæmatoma of the Liver.**—This child (about five years old) was brought here two weeks ago with the history that she had been perfectly well until a short time ago. We found a prominence just over the liver, quite circumscribed, like what we see in cases of sanguineous tumours of the head, the so-called cephalhæmatoma of the newly-born. The outlines were quite steep, the size of the tumour being about half that of the hand. There was a sensation of fluctuation which tempted me later to run an aspirating needle into it. There had been no fever, no history of a fall, all the functions seemed normal, the bowels moved, the appetite was fair. The swelling over the liver was but little painful. I inserted an aspirating needle, and what do you think was obtained? "Fluid from a cyst." No. The tumour had developed quite suddenly, without temperature, without much pain. What could you expect? "Blood." Yes, blood, and nothing else. Undoubtedly the hæmorrhage had been beneath the peritoneal covering of the liver, for it appeared to move a little with respiration which it certainly would not do if it were in the sub-cutaneous tissue. Since that time the child has been kept quiet, and the tumour does not seem to be quite so circumscribed. It might have torn the peritoneal covering of the liver and extravasated along the intestine. But in that event the

hæmorrhage would probably have been very copious, and the child would have become very anæmic, exsanguinated. I have seen that happen, particularly in the newly born. Now and then hæmorrhage from the liver is seen, which results in speedy death, usually because simply there is no end to the hæmorrhage. The blood of the newly born does not coagulate so easily, and therefore when in them hæmorrhage takes place, for instance, into the brain, it is very copious, and may be seen on the surface or in the interior, and it may extend down into the spinal canal.

My impression is that in the present case there was a hæmorrhage under the peritoneal covering of the liver, that this caused a local peritonitis just as you have a periostitis when hæmorrhage takes place between the bone and periosteum; this peritonitis gradually extended downward to the point where we now feel a local hardness below where previously the tumour ended abruptly. The peritonitis, causing exudation and thickening, and also adhesions, left a still larger tumour.

But we notice something more in the case. There is an effusion into the abdominal cavity. Why should that be? There are two possible reasons. "Compression of the portal vein." That might be a cause, and I think it probably is the chief cause, and it will cease to act only when the pressure shall be removed. The other cause is the peritonitis itself. If we had to deal with a compression of the portal vein, the absence of enlarged veins around the umbilicus shows that in her case the umbilical vein with its small branches was quite obliterated immediately after birth.

I think we had better let the child alone. She should be kept very quiet. The bowels ought to be kept open—not by purgatives, but by injections. Why not by purgatives? "In order not to excite peristalsis." Yes, for peristalsis might easily rupture the adhesions and newly formed blood-vessels, and cause hæmorrhage into the free abdominal cavity and general peritonitis. A few doses of opium during the day would keep her quiet, while a larger dose should be administered at night. As to the absence of pain, we know that a good many cases of peritonitis are unattended with pain, just as some are unattended with fever.—A. JACOB, M.D., in *Archives of Pediatrics*.