

color, greenish yellow. The cyst adherent to under surface of liver was the hugely distended common duct, including cystic duct and lower end of gall-bladder; hepatic duct opened into cyst. No communication with duodenum; spleen large and indurated.

Note, in Case 1, obstruction without any dilatation of duct; and in Case 2, obstruction with great dilatation of common duct.—*Manchester Chronicle*, November, 1898.

### Hysterical Paroxysmal Edema.

F. H. Edgeworth, M.B., Assistant Physician Bristol Royal Infirmary (*Bristol Medico-Chirurgical Journal*, September, 1898) records an interesting case of the above obscure disease, the history being as follows:

Male, aged 24. Plumber by trade: no family or previous personal history with any apparent bearing on the case. Came to Bristol Royal Infirmary June 9th, 1896, complaining of swelling of left arm and foot; first attack eleven years before; might go to bed well, and in the morning find a foot or arm swollen; swelling so great that he could not put on a boot if foot affected; swelling lasts all day, and then gradually subsides; burning, itching pain in the red and swollen part. At first could not indent the edematous part with the finger; as it subsided, could do so. Attacks at first separated by, say, a month's interval; latterly not farther apart than a week. Any part of body might be affected, hand, arm, leg, face (often), trunk (rarely). Usually but one part swollen at once; if two parts, on the same side commonly. Health otherwise perfect. Examination showed no anesthesia, analgesia, or thermo-anesthesia; no hysterogenic zones found; reflexes of all kinds normal.

*Diagnosis*.—Vaso-motor neurosis of cerebral and probably cortical origin. Arsenic was exhibited, and apparently effected a cure.

### Lung Gangrene—Smegma Bacilli.

Pappenheim (*Berlin. Klin. Wochenschrift*, No. 37, 1898) records the finding in sputa a bacillus which, giving tinctorial reactions for bacillus tuberculosis, was set down as such, and diagnosis made accordingly.

*Post-mortem* examination demonstrated the presence of pulmonary gangrene, without tuberculosis. Further tests showed that the smegma bacillus, or a smegma-like bacillus, had been mistaken for the bacillus tuberculosis. It is well known that the bacilli of this class occur in the mouth. The case was clearly one of aspiration pneumonia with gangrene, the bacilli being present most likely as a contamination.