

bacillus in the vegetations. Michaelis and Blum set up aortic incompetence in rabbits by piercing the valves with an instrument introduced through the carotid. In about two hours later the tubercle bacillus was injected into the vein of the ear. The animal died in from three to six weeks. Besides a diffuse tuberculosis the heart was hypertrophied and dilated. The valves which had been damaged were covered with soft vegetations. The tubercle bacillus was demonstrated in them, sometimes in large and sometimes in smaller numbers. The staining of the tubercle bacillus in sections is not always quite an easy matter, and perhaps this will account for some of the negative results which have been obtained. The author's experiments show that the tubercle bacillus can by itself set up a verrucous endocarditis.—*Brit. Med. Jour.*, November 19th, 1898.

### Obstructive Jaundice in Children.

Henry Ashby records two extremely interesting cases—fatal—of the above condition. Both patients were girls—one of five years of age, the other of seven. In neither was the family history or previous personal history of any special account.

CASE 1.—Aged 5; became jaundiced when convalescing from whooping-cough; constant pain in belly; edge of liver two inches below ribs; urine and stools as usual in jaundice; five weeks after admission to hospital began to pass blood from bowel; this kept up with increasing anemia till death four months after admission, and seven after onset of jaundice. Temperature ran from 97° to 101° F.; no ascites.

*Post-Mortem.*—Liver large, dark green, no cirrhosis; lymph glands of fissure of liver, large, soft, hemorrhagic; gall-bladder small, no gall-stones; common duct surrounded by dense fibrous tissue, difficult to trace to duodenum; admitted small probe through the papillæ, and then grasped it firmly; pancreas, especially the head, indurated; duct normal. Cause of death, large hemorrhage into intestine.

CASE 2.—Aged 7; jaundice for three years before death; stools as usual; nausea frequent; swelling of feet and abdomen. Color, green; swelling of abdomen marked. On admission to hospital, emaciation marked. On withdrawing ascetic fluid from abdomen a large cyst was found on right side, lifting up the liver. Sixteen pints of green mucoïd fluid withdrawn from cyst by tapping. In next three months cyst tapped ten times, eight to ten pints of similar fluid being withdrawn each time. Cyst opened and drained; great improvement. Attempt to unite cyst to duodenum; death on second day from peritonitis.

*Post-Mortem.*—Showed liver evenly enlarged; capsule thickened; adhesions to diaphragm and spleen; sections lobulated;