

dangerous arterial anæmia. This again leads to apoplexies and parenchymatous alterations in the above-mentioned organs, also to dyspnoea, cyanosis, coma, a small pulse, angina pectoris, eclampsia, anuria, and to a diminution of the surface temperature.—*Lancet*.

RESECTION OF THE LIVER.—Boggi (*Wiener Med. Presse*, No. 21, 1889) has been successful in resecting a portion of the liver. The history of the case is as follows: A woman entered the hospital with a tumor in the right hypochondriac region. Loops of intestine overlaid the tumor. A double echinococcus cyst was diagnosed. On operation, two enormous echinococcus sacs were found, the one placed superficially in front, the other lying deep and behind. The tumors, which weighed three pounds, were enucleated. Since approximation of the edges of the huge wound was not possible, a portion of the liver parenchyma three inches long was resected. The bleeding was stopped by catgut sutures. The edges of the cavity in the liver were secured in the belly wound. On account of the escape of gall from the liver the dressings required frequent changing at first. This secretion gradually disappeared and healing was quickly accomplished. A microscopic examination of the resected portion of liver showed that the lumina of the bile canals in the region of the cysts were patulous. This demonstrates the risk of leaving the fresh liver surfaces, after excision of the cyst, free in the peritoneal cavity. As was done in this case, the edges of the liver wound should be secured in the opening of the abdominal parietes.

Ceccherelli observes that, according to experiments upon animals, only a certain amount of liver substance can be removed. If more than one-third is resected, life can no longer be preserved.

Postemski has found that the peritoneal cavity of a dog withstands a certain amount of gall, but if the flow is continued a fatal non-septic peritonitis is set up.

In regard to the question of hemorrhage from the liver, Babacci strongly insists upon careful approximation of the bleeding surfaces. Experiments have shown that while the thermocautery is efficient when the livers of small animals are wounded, it is by no means to be

relied upon in the case of larger animals. The approximation of fresh liver surfaces after excision of a portion of the organ is best accomplished by the elastic suture which has been soaked in five per cent. carbolic solution. This suture supports the parts very satisfactorily, completely fills the needle punctures, and is especially valuable in this location because the liver is constantly subject to changes in volume. *Am. Jour. of the Medical Sciences*.

ERYTHEMA MULTIFORME AND ERYTHEMA NODOSA IN THEIR RELATION TO RHEUMATISM.—Garrod (*St. Bartholomew Hospital Reports, Boston Med. Jour.*) says:

1. Both erythema multiforme and erythema nodosum occasionally appear in direct association with rheumatism.

2. They are usually attended by some degree of arthritis.

3. The arthritis which accompanies these erythemata may have any degree of intensity, from the severe joint lesions of acute rheumatism to the slightest joint pains.

4. Collateral evidence, such as the presence of chorea or old heart lesions, is sometimes obtained pointing to the rheumatic nature of the slighter joint lesions.

5. Active cardiac lesions may accompany erythema with the slightest arthritis, and probably occur sometimes in the absence of joint symptoms.

6. Erythemata without joint symptoms is not uncommonly met with in patients who have previously suffered from rheumatism, but in some cases there is no indication of any association with rheumatism. In a word, it appears probable that erythema multiforme and erythema nodosum are often, or even usually, manifestations of the rheumatic process, and their appearance should always lead us to suspect such causation. We are not, however, justified in concluding that such eruptions have always this origin, nor in concluding from their presence alone that the patient is the subject of rheumatism.—*American Lancet*.

THE ETIOLOGY OF PARAMETRITIS.—Dr. Bumm has by close investigation discovered the staphylo-cocci and strepto-cocci in all cases of parametritis, and concludes that these inflam-