

lostoma duodenale in the stools. In one of acute leucæmia with hæmorrhages, and also in one of purpura hæmorrhagica he dwelt on the importance of excluding septic causes for all blood conditions accompanied by a tendency to hæmorrhages. In chlorosis he emphasized the necessity of excluding: 1. Phthisis; 2. Gastric ulcer; 3. Excessive loss of blood from any cause, before reaching a diagnosis.

After blood diseases he presented a series of cases of spitting of blood due to cancer of the stomach, injury to the chest, and phthisis with hæmoptosis.

Then he had a very marked case of jaundice due to secondary syphilis in which the skin showed a macular syphilide at the same time as the jaundice. He has himself seen some half dozen cases of jaundice in secondary syphilis, and is inclined to ascribe it to an inflammation of the smaller biliary passages; although an enlarged gland at the hilus and a syphilitic exanthem in the bile ducts have also been mentioned as possible explanations. Lately he has been giving us some interesting nervous cases in which as an old pupil of Erb's he is quite at home.

To day he had up a case of hysteria with intractable hiccough. Last day it was paraplegia due to pressure on the conus terminalis by a spinal curvature.

A few days ago one of his assistants demonstrated the use of the X-rays in the diagnosis of hypertrophy of the heart. The heart could be very distinctly seen in all the cases shown. This method is especially useful in emphysema, when the percussion dullness is difficult to mark out.

The next side of the triangle is taken up by the ear and throat clinic and the surgical. The latter is presided over by Mikulicz who seems to be quite a popular idol in Breslau. The asepsis in his clinic is the most complete I have ever seen. The ordinary class in surgery which is in a large theatre, consists of demonstrations of cases for diagnosis, and of small operations; also the results of former operations. The first time I visited his clinic he had a case of septic poisoning with localised inflammation in the infra-axillary region. For the treatment of this case he put on rubber gloves and then proceeded to make multiple and deep incisions to an extent that I never saw equalled. He was certainly thorough but as to whether he did more than was necessary or not I am not prepared to say.

On sending in my card I was invited to follow him to the operating room proper, which is quite separate from the theatre and to which only a few students at a time are admitted. In the anteroom I was told to take off my coat and made to don a linen duster. I had also