

he suddenly felt a severe pain about the right hypochondrium. After a twelve months' illness he died, the cause seemingly being focal extravasation. — *Wiadomosci Lekarskie, Annals of Surgery.*

EFFECTS OF PROLONGED CHLOROFORM ANÆSTHESIA.—Some observations made about two years ago by Dr. Ungar pointed to fatty degeneration of the heart and liver as the cause of death after repeated prolonged administration of chloroform. Further experiments on dogs have recently been made by Dr. Strassman, which appear to confirm this view. Dr. Strassman found that the first organ to be affected was the liver, then the heart, and after that other viscera. The nature of the morbid change was not a fatty degeneration, but fatty infiltration. The actual cause of death in fatal cases appeared to be the cardiac affection, as in all such a very marked degree of change was found in the heart. In non-fatal cases the morbid change was found to have disappeared in a few weeks' time. When morphia was given previously to the chloroform less of the latter was required, and consequently the changes produced were not so considerable as when the ordinary amount was given. Animals suffering from hunger, loss of blood, etc., were especially predisposed to the morbid changes due to chloroform. — *The Lancet.*

SEMMOLA ON THE CURABILITY OF HEPATIC CIRRHOSIS.—The etiology of hepatic cirrhosis, if generally due to alcoholism or malarial infection, is still sometimes unknown. The most frequent cause is concentrated alcohol, most hurtful when taken on an empty stomach, as it is then most quickly absorbed. The veins which carry it from the stomach become irritated, and the irritation, extending from the portal veins, engenders an inflammatory process of the perivascular connective tissue, which, little by little, leads to hepatic sclerosis. As long as the hepatic lesion is limited to an embryonal neoformation, although extensive, Semmola affirms that a good result is to be hoped from a rigorous milk diet. When, however, the atrophic process has become complete, the advantage obtained from milk diet can only be palliative. Clinical symptoms do not always tell us with which stage we have to deal; ascites, not being only deter-

mined by a mechanical cause, may be great, while the cirrhosis is still curable. On the other hand, there are cases of cirrhosis with no ascites at all up to the end. As an aliment milk entails the least work for the stomach, and satisfies the needs of the general nutrition. The irritated gastric mucous membrane is the first to feel the good effect, and this is propagated to the other parts of the digestive tract, with its annexes, liver, etc. Not only is milk easily digestible, but it furnishes peptones, which facilitate tissue change, and thus milk diet increases the quantity of urea eliminated in the 24 hours. In all these ways, and by increased diuresis, rigid milk diet tends to improve the morbid conditions proper to hepatic cirrhosis. — *London Medical Recorder.*

GIANTURCO ON THE LESIONS CAUSED BY HYDROPHOBIA.—An abstract of the author's researches, conducted in Professor Schron's laboratory, is given by Dr. A. Pavone. A man, aged 30, was admitted into Professor Cantani's wards, having been bitten by a mad dog nearly six weeks previously; the man died with paraplegic symptoms 24 hours after admission. The autopsy, made 30 hours afterwards, showed dark coloration of the muscles and blood, which was mostly fluid. The grey matter of the brain and spinal cord was hyperæmic; there were also slight subarachnoid hydrocephalus, renal hyperæmia, commencing fatty degeneration of the liver, pulmonary oedema, and pulmonary hypostasis. A careful histological examination was made after hardening (in Müller's fluid for the most part). The central canal of the spinal cord was somewhat dilated and surrounded by a thick layer of lymphoid cells: a similar layer accompanied the two lateral veins. This periependymitis extended the whole length of the cord, gradually diminishing upwards. The grey matter of the anterior horns was saturated with blood, and (in the lumbar region) showed accumulation of lymphoid cells in the lymphatic sheaths of the vessels. Here and there the cells were independent of the blood-vessels, and looked like small miliary abscesses. The adjacent nerve-cells were generally atrophied, and surrounded, and even penetrated, by free leucocytes. In the periphery of the liver-cells numerous yellowish-brown granules, consisting of bile-stuff, were found. This appearance was