

patients with atrophic cirrhosis would be a blessing, as otherwise constant treatment and repeatedappings are necessary and the sufferers are doomed to perpetual invalidism. The earlier the relief comes, the better, because then the liver has more of a chance to regain its functions by compensatory hyperplasia in the event that the process of contraction is brought to a standstill.—*Journal of the American Medical Association.*

METRRORRHAGIA.

The etiology of metrorrhagia due to inflammatory processes in the pelvis is discussed by Cragin, who thinks the usual order of source and sequelæ as regards the endometrium is: 1. Chronic congestion; 2, chronic inflammation; 3, menorrhagia and metrorrhagia. The muscle wall of the uterus itself may take part in the production of the symptom through tumors and chronic interstitial inflammation with atrophy of the muscle tissue and increase in new connective tissue. In some cases, however, the condition seems to be caused by lack of sufficient elasticity in the uterine muscle, interfering with normal muscle contraction. The blood vessels of the uterus, if sclerosed, so as to destroy their elasticity, may naturally produce the morbid conditions. Occasional cases are met with where the endometritis is slight and the hemorrhage seems to be due to lack of contractile power in the arterial wall. The treatment of metrorrhagia depends largely on its etiology; with chronic endometritis, curettage and relief of congestion is best; if acute endometritis exists, cleanliness, drainage and rest. If the symptom is due to interference with the muscular contraction of the walls of the vessels, the treatment depends on the presence or absence of hypertrophied endometrium. The presence of the latter indicates curettage, possibly repeated several times. In the absence of hypertrophied endometrium, or if persistent after repeated curettage, metrorrhagia may justify hysterectomy.—*Journal of the American Medical Association.*

MULTIPLE NEURITIS AND INFLUENZA.

Raymond, in a clinical lecture at the Salpêtrière (*Journ. de Méd.*) describes the case of a patient who, after a severe attack of influenza, suffered from numbness in the fingers and toes, followed by weakness in the upper and lower extremities. This went on to actual paralysis, and muscular wasting appeared, together with pain on pressure over the different groups of muscles. There was no bladder or rectal complication. This condition lasted four or five months, after which the power of movement was gradually regained. The points emphasized by the lecturer are the wide