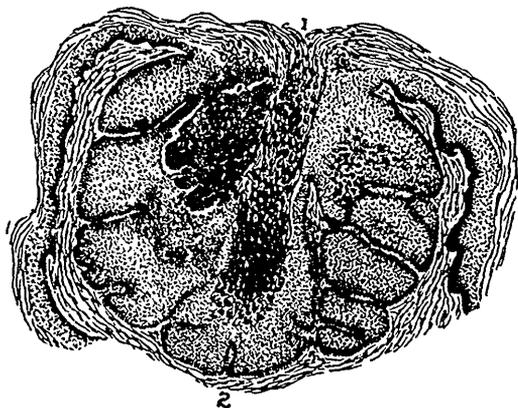


reaching influence a perfect knowledge of them may have in the elucidation of many dark points in human pathology.



The accompanying illustration\* is taken from a tumour removed from a little boy, apparently the only member of the family affected, who came to my department of the San Francisco Polyclinic with *Molluscum contagiosum* of the face a short time ago. It is stained in hæmatoxylin, and the outlines traced with a Zeiss drawing apparatus, with an amplification of Oc. 4, Obj. 42. The details were afterward filled in with a free hand under a higher power. The striking resemblance of the tumour to a gland is well seen. Many observers have supposed it to be an altered sebaceous or fat gland, but as in most cases (the present instance included) neither hairs nor any trace of original sebaceous gland structure are found, most people have given up this view. Nor is it strange it should have this similitude, see-

\* EXPLANATION OF ILLUSTRATION

- Fig. 1. Central depression on the top of the tumour, out through which the plug consisting of molluscum bodies, and degenerated epithelial cells, protrudes.
- Fig. 2. Connective tissue forming an almost complete envelope for the tumour, and from the inner surface of which the fibrous septa of the tumour spring. The fibrous septa are the altered and compressed papillae of the skin, and divide the tumour into lobes.
- Fig. 3. Central plug of the tumour, consisting of molluscum bodies and degenerated epithelial cells.
- Fig. 4. Fibrous septum, being an altered and compressed papilla of the skin, and dividing two of the lobes of the tumour from one another.

ing that a gland is also an involution or downgrowth of epithelial cells.

Sections were stained for micro-organisms with carbolic acid fuchsin, and decolourized with a watery solution of iodide of potash, and alcohol. Micrococci were found, as it was expected they would be, in a tumour having an opening at its summit and filled with degenerated epithelial cells, but no micro-organisms were seen which could be looked upon as the cause of the disease. Other sections were stained in nigrosine, and in eosine, with a similar lack of positive results. — *Transactions San Francisco Microscopical Society.*

ALCOHOLIC NEURITIS.—In an article in the *Deutsches Archiv. f. Klin. Med. Bd.* 50, Dr. O. Reunert has an article on this subject based on the observation of twenty-five cases, about three per cent. of the total of alcoholic cases treated. An autopsy was made in five cases. Four groups of cases were represented: (1) Typical polyneuritis, 13 cases; (2) Localised muscle paresis and atrophy, 4 cases; (3) Slighter forms without pronounced paralysis and atrophy with disturbances of sensibility, sensation of pressure on nerves and muscles, or anomalies affecting the reflexes, 6 cases; (4) Cases with marked participation of the ocular muscles.

The complaints in the commencement of the disease were rheumatic pains, heaviness and stiffness of the limbs, generally the lower first, but twice affecting the upper extremities, increasing weakness, pains in the calves of the legs, muscæ before the eyes, and over diplopia. Pains were only to be considered as pathognomonic of the disease when associated with a feeling of pressure on the nerve trunks, and of the muscles. These symptoms assumed greater importance when anomalies of the reflexes, especially the patellar, are also present. Disturbances of sensi-