

fulfilling the second indication, as it frees the bloodvessels from the spasm induced by the poison in the blood. The indiscriminate use of morphine was not recommended and in the light of the asserted susceptibility of patients with disease of the kidneys to the toxic effects of opium, it would be given with eyes open to its possible danger.

### CIRRHOSIS OF THE LIVER.

*Cirrhosis of the Liver Causing Hemorrhage into the Pelvis.*—At the Hunterian Society (March 28th, 1889) Dr. Pitt showed a specimen of extensive hemorrhage into the pelvis associated with cirrhosis of the liver. Small hemorrhages are common but extensive hemorrhages are rare. The blood was effused freely into the left broad ligament, slightly into the right and formed a large tumor over four pounds in weight, surrounding the bladder by a blood clot one inch and a half thick, compressing it and causing retention of urine probably from pressure on the ureters for the last twenty-four hours of life. The blood extended into the submucous tissue of the bladder, it also spread through the inguinal canal up on to the abdomen, chiefly on the left side, as far as the ribs and nipple forming a layer one inch thick and three inches wide. The liver was a typical hobnail cirrhosis. The kidneys were healthy except for some scarring. The specimen was taken from a woman aged thirty-eight, admitted with cedema, pyrexia and cough, who became increasingly drowsy and died.

*Non-alcoholic Cirrhosis.*—Dr. Goodhart, at a meeting of the Pathological Society, of London (April 16th, 1889) described a case of cirrhosis of the liver occurring in a female aged twenty-one. There was absolutely no history of alcoholism or syphilis. Two years before her death she had married and three months later had a miscarriage which was followed by septic poisoning. Later she developed jaundice and ascites and vomited large quantities of blood. The post mortem examination revealed an ordinary case of cirrhosis with enlarged spleen. He suggested that the cause was plugging of the portal vein from the septic process with secondary shrinking of the liver and fibrotic change. In the ensuing discussion Dr. Moore related in detail a case of hæmatemesis which was associated with the presence of a firm cord-like