upper part of the thorax; the parietal layer of the diaphragmatic pleura was thickened and congested; the pericardium, which was also thickened, contained a large amount of sero-purulent fluid, dark yellow in color; the outer surface of the heart, which was rough and granular, was of the same color. At the lower part of the pericardium, slightly to the left of the middle line, there was an opening with ragged edges, about four centimetres in diameter, passing through the diaphragm and communicating with an irregular opening in the posterior part of the convex surface of the left lobe of the liver. For some distance round this opening there were firm adhesions to the diaphragm. The liver was enlarged and somewhat hardened; its right lobe was congested, and in the left there was a large cavity measuring 12 centimetres in the transverse by 10 in the vertical and antero-posterior diameters, and full of yellow pus. The spleen, which was enlarged and softened, presented two large milky-looking patches on its outer surface. The gastro-intestinal mucous membrane was thickened and injected. All the other organs were healthy. Dr. Jacobsen points out that the abscess was in the posterior part of the liver, leaving a considerable portion of the front part of the left lobe untouched, while the symptoms did not clearly indicate any affection of the liver beyond what was consistent with the patient's gastro-intestinal disorder and alcoholic antecedents. Exploratory puncture could hardly have been successful even if it had been thought justifiable.

RESECTION OF THE ENSIFORM CARTILAGE.

An important paper has recently been presented to the Royal Academy of Medicine and Surgery of Naples by a young surgeon, Dr. Rinonapoli, of Collamele, in the province of Aquila, giving the details of an operation for resection of the ensiform cartilage. Only one such case has been previously recorded—by Linoli, in 1857. A man was injured by a horse rearing and falling back upon him. His chest was violently compressed, and the ensiform cartilage dislocated backwards. The displaced cartilage, by its pressure on the stomach, was productive of very severe gastric disturbance, which at length became so great that not even the smallest quantity of milk could be taken without terrible pain. The patient rapidly wasted away, and his life was despaired of. Various diagnoses were made, but it was left for Dr. Rinonapoli to discover the true state of affairs. Being convinced of the accuracy of his diagnosis, and, fortified by the opinions of two colleagues, Dr. Rinonapoli gained the consent of the patient and his friends to an operation. The minuest antiseptic precautions (carbolic acid and perchloride of mercury) were observed. An incision six centimetres long was made the upper third being over the sternum. Dissection was carefully carried down to the peritoneum which was not opened. The cartilage was separated from the structures enveloping it, and, finally, its attachment to the sternum was divided by passing a probe-pointed bistoury behind and cutting forwards. The wound was carefully cleansed and brought together by sutures. In the course of five weeks the patient had completely recovered. The points of interest connected with the case are:—1. That it is only the second recorded. 2. The peritoneum was not opened. 3. It was undertaken by a young surgeon in a country district in Italy, who, with the assistance of two other country surgeons, carried it through in the most praiseworthy manner. Dr. Rinonapoli worthily won his admission to the Royal Academy of Medicine of Naples, for which Professor Fusci stood his sponsor.

NOTES ON THERAPEUTIC PROGRESS.

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Post-Encmal Septic Intoxication.—Bouchard was the first to direct attention to the great poisonous activity of human feces. He asserted that there are formed in the intestines of an adult in twenty-four hours sufficient toxic alkaloids to destroy life, if excretion were arrested and all absorbed. Sir Andrew Clark believes the intestinal absorption of poisonous