form rash. He comments on the early appearance of the rash, long before any physical signs were present, and regards the eruption as an expression of the virulence of the infection. Owing to its early onset, he designates the eruption as a "pre-tuberculous scarlatiniform erythema."—*American Jour. of the Medical Sciences.*

The Passage of Tubercle Bacilli into the Lymphatic and Thoracic Duct after Ingestion.

Nicolas and Descas (*Cent. f. Bakt. u. Parasit*). Large numbers of tubercle bacilli were suspended in a fatty broth and fed to dogs. In a certain number of cases, after three hours, tubercle bacilli were present in the thoracic duct in such great numbers that they could be demonstrated in stained smears, and by inoculating the chyle into animals tuberculosis could be produced. The authors point out the importance of these results, although somewhat limited, as an explanation for the development of generalized tuberculosis arising by way of the alimentary passages.—*American Jour. of the Medical Sciences.*

The Early Diagnosis of Jaundice.

Hamel (*Deutsche Med. Woch.*) The importance of the early recognition of jaundice—the cardinal symptom of diseases of the liver and gall bladder and of hæmocytolysis—cannot be over-estimated. But in sallow individuals slight degrees may easily be overlooked. The recognition of bilirubin in the urine is not of much assistance. For this pigment usually does not appear in the renal excretion until after the skin is obviously jaundiced. The only and rare exception is when sudden obstruction of the bile ducts occurs. But bilirubin is present in the blood and gives it a yellow colour before the skin and urine are discoloured. The bile reaches the blood directly from the lymphatics. All jaundiced organs, whether skin or internal viscera, owe their yellow colour to the yellow blood serum which circulates through them. This also applies to "hæmatogenous" jaundice. In many cases, for instance during the passage of a biliary calculus, the amount of bile absorbed gives a decided reaction in the blood, though it may not suffice to produce cutaneous or conjunctival jaundice. Examination of the blood is also useful in chronic jaundice. It shows whether the process is still active or whether a jaundiced tint is merely the result of the deposit of bile pigments, which may persist in the skin after the blood becomes normal. The writer has detected bilirubin in the blood serum in three cases in which cutaneous jaundice was absent.

Blood serum in a thin layer is normally completely colourless,