

right of the middle line. It is a continuous blowing, often musical, wavy murmur, and is influenced by respiration and the heart's action. It is mostly heard in anemic women with chronic stomach disease, diarrhoea, phthisis, etc. The author has never heard it in cirrhosis of the liver. It is sometimes difficult to make out. It is inconstant. The site corresponds to the vena cava, and compression of the cava causes it to disappear. A quickening of the blood stream accentuates it. It is a frequent symptom, and the author thinks its clinical value should not be under-estimated.—*British Medical Journal*.

Physio-pathology of Chlorosis.—Murri (*Pollicinico*) says that very many children are potentially chlorotic; that is to say, they have blood of low specific gravity, owing to defective nutrition of the red corpuscles, and blood vessels which are very readily distensible, giving rise to great instability of intravascular pressure. At the same time these may appear during their childhood nothing more than a little anæmic. At the onset of puberty, however, when there occurs abnormal stimulation of the utero ovarian functions, leading to disturbances in the normal blood distribution, or when other psychical stimuli may bring about the same results, chlorosis is extremely likely to be produced. The action of cold on the chlorotic has been studied by the author, who has noted the effects of cold baths on such patients, studying in this respect the alteration in number of the red corpuscles, the presence and the amount of urobilin in the urine. He has found that during the bath the number of red corpuscles increases, but that this increase is only temporary, passing after a few hours into an actual decrease, which may persist for a period varying between a few hours and two or three days. Even walking, after a few days of rest in bed, gives rise to a similar diminution of the number of the red corpuscles, which may also persist for some days; the exact explanation of this occurrence is not forthcoming. One thing is certain, namely, that the action of cold causes the blood to circulate in the abdominal viscera rather than in those of the head and chest. It may also well be supposed that such an alteration in the distribution of the blood, as well as in the increased time taken in passing through the

visceral vascular system, may influence the chemical conditions of the circulating fluid, and that this may be at least one of the causes of the destruction of corpuscles. Such a view is in consonance with the fact that in a potentially chlorotic subject such occurrences as fatigue, cold, agitation, suppression of menses, e.c., may either provoke or aggravate chlorosis. It would appear necessary, moreover, to consider these modifications of the blood distribution as due to disturbances of the central vasomotor nerve system, which is notably unstable in such patients.—*British Medical Journal*.

Antipyrin as a Vesical Analgesic.—Vigneron (*Concours Medical*) has found intravesical injections of antipyrin an excellent remedy for pain in the bladder in many cases of cystitis. It is important that the bladder should not be in a condition of over-distension. Before washing out the viscus an injection of 10 to 20 grammes of a 1 in 25 solution of antipyrin is made into it; this is left in the bladder for about ten minutes, so as to allow time for the drug to be absorbed. When the bladder is distended the practitioner should, in order not to prolong the operation, content himself with injecting, after washing out the viscus, from 60 to 120 grammes or more of a 1 in 100 or 1 in 200 solution of antipyrin, and leaving it in the bladder. Vigneron states that the drug is quite harmless in the bladder, even when the use of it is prolonged for months. When left in the bladder the remedy makes the painful contractions cease: it also acts as an antiseptic.—*British Medical Journal*.

Recurrent Appendicular Peritonitis: Removal of Appendix and Mesenteric Gland.—G. A. WRIGHT, in *The Medical Chronicle*, writes: Samuel B., aged 12¾ years, was sent to me by Dr. Mackenzie, in January, 1894. The boy had always suffered from constipation. When three years old he had an attack of "inflammation of the bowels," which laid him up for seven weeks. In March, 1893, while wheeling a barrow, he suddenly complained of great pain in the right iliac region, and when he got home his mother noticed a hard swelling at the painful spot. He recovered in five weeks. In June, in September, and in