to sponging. This I think will suffice to keep the temperature down. Another symptom which has called for special treatment in this case is cardiac weakness. The pulse has been frequent and feeble, and for this we have given alcohol in repeated and large doses, twelve to fifteen or more ounces in the day, and it has had an influence in quieting the nervous disturbance and also improving somewhat the vigor of the heart's action.

CIRRHOSIS OF THE LIVER.

I have recently shown you two instances of hemorrhage from the stomach in middle-aged men, possibly due to cirrhosis of the liver. Since then I have had several other cases under observation. Two of these cases are quite interesting, and illustrate a point on which I wish to speak, namely, the latency of the affection. One-third, possibly one-half, of all cases of cirrhosis of the liver, coming under observation in any large hospital, are met with for the first time on the post-mortem table. There may have been no special symptoms, or the patient has complained of other conditions, and at the autopsy extreme cirrhosis may be found. Of this there have lately been two interesting illustrations. A man was admitted into the drunkard's ward with acute alcoholism and pneumonia, and died at the end of twelve hours. He was slightly jaundiced, not more so, however, than is frequently seen in pneumonia. He had no œdema of the feet and no dropsy of the peritoneum. At the post-mortem we found in addition to the lesions of pneumonia, extreme cirrhosis of the liver. The organ was very irregular, and in the condition of advanced interstitial hepatitis. The man had apparently presented no symptoms of this affection.

The second case was that of a man aged 44, sent from the surgical wards on account of sudden hæmorrhage from the stomach. He vomited three or four pints of blood, and died within a few hours after admission to the medical ward. When I saw him he was comatose, and the only thing detected on physical examination was extreme reduction in the area of liver dulness. He had apparently had no symptoms except the dyspepsia which all chronic alcoholics have. At the autopsy we found the following interesting condition:

The body was fairly well nourished; there was a small ulcer on the leg, for which he had been under treatment in the surgical ward. There was no œdema of feet; no fluid in peritoneum. Left lobe of liver two inches below ensiform cartilage. Heart and lungs normal. Stomach did not contain blood (a point of interest, as he was stated to to have vomited the blood); the mucosa was pale; no erosions. Veins at the cardiac end much dilated. Œsophageal plexus of veins very prominent, and several large branches were directly continuous with those in the stomach. For three-fourths of the tube the submucous veins were dilated. On the posterior wall was a long varicose vein as thick as a small quill, and at one point this presented a greyish white spot, elevated and covered with a thrombus. A small probe passed into the vein came out through this spot, which represented a laceration in the vein, and no doubt from this had come the bleeding.

The liver weighed three pounds; was nodular, tough, and on section showed an advanced grade of cirrhosis; portal canals were much constricted, and the interlobular connective tissue much increased. The diaphragmatic plexus, the veins of the suspensory ligament, those of the lateral peritoneum, and particularly those over the kidneys were enlarged. The hemorrhoidal vessels were not very much dilated. The vena azygos was large.

In both of these cases the cirrhosis was extreme. The contraction of the ultimate branches of the portal vessels in the liver substance was most marked, and yet there were no symptoms of portal obstruction. The point I desire you to remember is this: that if in any case of cirrhosis the collateral circulation is established, then so long as it is *effectively* maintained, so long will the characteristic symptoms of cirrhosis be absent. There may be no dropsy, no jaundice, and no extreme dyspepsia. In both of these cases the collateral vessels were very distinct. It is chiefly through the diaphragmatic and œsophageal veins, and the communication with the mesenteric and lumbar veins, and by hemorrhoidal veins that the collateral circulation is maintained. In both cases, the anastomoses of these vessels were extensive enough to prevent engorgement in the portal circulation, which is the effective factor in producing dropsy. Dilatation of the œsophageal veins in cirrhosis is a well recognized condition. Communication between the œsophageal and diaphragmatic veins, and the union of these with the azygos veins aids materially in carrying off from the stomach, from the spleen, and even from the liver itself, a large quantity of blood which under other circumstances would pass through the portal circulation. Rupture of an œsophageal varix is a rare but well recognized mode of death in hepatic cirrhosis.—*Phil. Med. News.*

INJECTIONS OF WARM WATER IN DYSENTERY.

Dr. R. Tripier, in the *Lyon Médicale*, writes concerning the action of injections of hot water in dysentery. He sometimes gives, in addition, infusion of ipecac internally. When a patient is able to retain the hot water (heated to 105° or 115°) a sufficient length of time, the pain is immediately relieved, the blood quickly disappears from the stools, and even these soon become fewer. The amount of water injected should be as large as can be borne; from 10 to 12 ounces for children and about a quart for adults.—*Journal de Médicine et Chirurgie Pratiques.*