in a dilution of 1:2000; Heller's test in 1:4000. Hæmochromogen can be recognized by the direct method in about the same proportion as by Heller's test, but by the spectroscope in dilution of 1:8000.—*Archiv für path. Anat.*, Bd. cxlviii. p. 234

Alimentary Glycosuria after Beer-drinking.—KREHL (*Centralblatt für inner Med.*, 1897, No. 40) has made some interesting observations. Kratschmer had previously noticed that in many persons sugar appeared in the urine after drinking beer. Krehl made examinations on the Jena students. The proportion of these in whose urine sugar appeared varied much with different kinds of beer, but was much greater after the morning drinking (Frühschoppen). Out of fourteen who drank hock or export beer in the morning, five had glycosuria. After the evening drinking, amounting in one case to seven litres, out of nineteen only one had sugar in the urine, or with Bavarian beer one out of eleven. The individual disposition was very evident. Not those who drank most had glycosuria. The difference between morning and evening drinking was probably due to variations in the absorption. As von Strümpell and Strauss have shown, alcohol favors the development of alimentary glycosuria, but Krehl thinks this is not the only cause of the results now reported. Krehl does not venture an opinion as to the nature of the process involved.

On the Mechanism by which the First Sound of the Heart is Produced.—SIR RICHARD QUAIN (*The Dublin Journal of Medical Science*, August, 1897, p. 97) publishes the results of a study he has made regarding the production of the first sound of the heart. He accepts the explanation generally given for the causation of the second sound: that it is the result of the sudden tension of the semilunar valves caused by the resistance which these valves offer to the retrograde flow of the blood from the aorta and pulmonary artery respectively into the ventricles on the cessation of systole.

Whereas, this explanation of the cause of the second sound is universally accepted, that of the first sound is, on the other hand, still much discussed and undecided. The view generally held, that the first heart-sound is produced by the closure of the auriculo-ventricular valves and the muscular contraction of the ventricular walls, Quain does not accept. He believes that the true explanation of the production of the first sound is that it is caused by the impact of the blood driven by the action of the muscular walls of the ventricles against the block produced by the columns of blood in the pulmonary artery and aorta, which press upon the semilunar valves. Sounds resembling the first (and second) sound of the heart can be produced artificially in accordance with this view.

The writer states that this explanation of the cause of the first sound of the heart, being so different from that hitherto accepted, may seem calculated to create difficulties in the diagnosis of valvular diseases of the heart. He believes, however, that a closer consideration will show that it will be found to simplify and not to confuse. It will afford an explanation for certain morbid phenomena which are at present unintelligible, such, for example, as that a systolic murmur may be heard at the apex while the first sound is audible at the base free from murmur. He thinks it will serve to encourage

a closer study of the relation between muscular contraction of the walls of the heart and the tension of the vessels of the system.

The Pathogenesis of Syringomyelia with Special Reference to its Relation to Trauma.—SCHULTZE (*Berliner klin. Wochenschrift*, October 4, 1897, S. 867) in summarizing the etiological factors in the production of syringomyelia states the following:

That the problem of the origin of syringomyelia is not yet satisfactorily solved. The disease has no constant and uniform causation, but is probably due to a variety of causes.

Undoubtedly a certain percentage of cases occur as a result of anomalies of development.

In association with such anomalies or independent of them, the disease may arise as a result of centrally situated gliomata and primary glioses with cavity formation.

Traumatism, leading to hemorrhages with subsequent softening of the hemorrhagic areas, is also an etiological factor.

The rôle which inflammatory processes as well as the narrowing and closing of bloodvessels play requires further investigation.

Pressure, from various causes, plays but a very small part, excepting in the production of hydromyelia.

Infectious diseases of various kinds may play a part in the etiology. Schultze does not believe that the disease occurs in leprosy infections.

The view that there is an association between syringomyelia and an ascending neuritis is not sufficiently supported by facts to receive much attention.

Remarks on Suppurative Cholangitis with Reference to Influenza as a Cause.—MAYO ROBSON (*Quarterly Medical Journal*, October, 1897, p. 47) states that gall-stones are the most frequent cause of suppurative cholangitis, "the disease then being a sequel of infective cholangitis, a less serious, more chronic, and distinctly curable ailment." Besides gall-stones, hydatid disease, cancer of the bile-ducts, typhoid fever, and influenza may cause suppurative cholangitis, and the writer further suspects that the disease not infrequently accompanies other acute infectious ailments.

Previous to a case occurring in his own practice, Mayo Robson does not think that influenza has been noticed as a cause. The case occurred in a woman, sixty-two years old, who had within a short time previously suffered from an attack of influenza. The symptoms of cholangitis were characteristic. Robson believed that influenza was the exciting cause of the attack, for, although gall-stones had been present for years, they had given no trouble for some time before the influenza led to the acute illness which terminated fatally. No reference to a bacteriological examination is made regarding this case. Robson says: "The afore-mentioned diseases may be more truly termed predisposing, since the true exciting cause is the presence of pyogenic organisms within the biliary passages."

The symptoms of cholangitis are then described, and finally the treatment is taken up. The writer states that cholecystotomy should be performed wherever practicable, and free drainage established until the bile is sterile.