The Left Ventricle in Mitral Disease.—OESTREICH (*Archiv für path. Anat.*, Band cli., p. 189) has made some observations that help to clear up the opposing views of Lenhartz and Baumbach, who denied that mitral stenosis caused atrophy of the left ventricle, and Dunbar, who tried to show that the old view was correct. Oestreich finds that Dunbar and the older authors were wrong. The error probably arose through the hypertrophy of the right ventricle, in comparison with which the normal left ventricle seemed atrophied. Atrophy does not really occur, and a sufficient filling of the ventricle seems probable by reason of the increase of pressure and rapidity of the blood-flow. In mitral insufficiency the author found that hypertrophy was not always present, but when so is due to local anatomical changes, especially those causing retraction, increasing the work of the ventricle.

Papillary Myxoma of the Tricuspid Valve.—GUTH (*Prager med. Wochenschrift*, 1898, No. 8) reports a case of this kind in the body of a patient with medullary cancer of the stomach, perforation of the stomach and diaphragm, and septic pleurisy. The tumor was on the auricular side of the posterior flap of the tricuspid valve, about the size of a bean; villous; grayish red. The tissue was myxomatous, growing from the connective tissue of the flap and covered with endothelium. The author thinks it had no relation with endocarditis. Altogether, sixteen cases of myxoma of the heart have been described, three of them being papillary.

Dulness Over the Apices of the Lungs, without Pathological Changes.—KERNIG (*Zeitschrift für klin. Med.*, Bd. xxxiv. p. 322) calls attention to this condition, which is not clearly enough described in text-books. The cases are not frequent. They affect weak, cachectic, bed-ridden patients. The dulness is found in the supra- and infraclavicular and suprascapular regions. It is usually as marked as in cases of retraction or tuberculous infiltration. The breathing in the affected areas is usually more or less weak; at all events there are no râles and no bronchial breathing. On account of the almost constant emaciation and weakness of the patients, inspection, palpation, and the changes in respiration are comparatively useless. This phenomenon the author ascribes to a retraction of the lung tissue, caused by imperfect inspiration, but a senile atrophy is perhaps often present, as in one case under his observation.

Pericarditic Pseudo-cirrhosis of the Liver.—Although the accuracy of the clinical picture of this disease given by PICK (see *THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES*, August, 1896) has been confirmed by various observers, the explanation of the ascites, given by him, has been denied by some. So Heidmann thinks the ascites is due to peritonitis, although the probability of this view was early denied by Pick. NACHOD (*Prager med. Wochenschrift*, 1898, No. 26) was able to throw an important light on the question by reason of a laparotomy made on a patient in the early stage of the disease. The symptoms began with pain and swelling in the joints, following cold. Later, dyspnoea, palpitation, headache, and dizziness appeared. Œdema of the feet was followed by ascites, and the