DIAGNOSIS OF DEATH BY DROWNING. Revenstorff (Münchener medizinische Wochenschrift, March 21, 1905).

Revenstorff bases his conclusions on the fact that hemolysis of the blood is one of the earliest macroscopical signs of putrefaction, being due not to physical influences or to autolytic action, but to bacterial action. It appears in the blood of the various vessels in the following order: Portal vein, right heart and afferent vessels, left heart and arterial system. What the author terms the "drowning hemolysis" occurs by a foreign fluid getting into the capillaries or lung tissue, thus coming in contact with the blood and, if the difference of concentration between the foreign fluid and that of the body is sufficiently great, dissolving the blood corpuscles involved. This hemolysis, contrary to the cadaver hemolysis, appears in higher degree in the serum of the left heart. Lung tissue juice, pleural transudate and pericardial fluid are free from admixture with the drowning fluid if they do not show any free hemoglobin. Edema caused by the presence of water always has a serum containing hemoglobin, the true lung edema having a serum without color. Consequently, if no pigment shows in the contents of the portal vein, but drowning hemolysis is evident in the blood of the heart, the proof is positive that the blood has ceased to move in the heart before the drowning medium was diffused. The medico-legal applications of this conclusion are obvious. JELLIFFE.

PNEUMONIC PARALYSIS. Fedeli (Rif. Med., Feb. 25, 1905).

The author reports a case of right hemiplegia occurring in the course of pneumonia in the case of a man aged 65, and due (as proved by necropsy) to hemorrhage in the left internal capsule. He then discusses the subject of pneumonic paralysis generally. A short review of various cases teaches that there are several varieties of paralysis occurring in pneumonia. Those occurring at the beginning or in the course of the disease have a different symptom-complex and a different prognosis from those which happen during convalescence. The latter are diffused in type, with a tendency to become fixed in the lower extremities, and almost always recover. The former are more often monoplegic or hemiplegic in type and may end in death. Probably the paralyzes of convalescence are of the nature of a neuritis or polyneuritis, which may or may not be of the ascending type, and occasionally leading to poliomyelitis. The muscular atrophy which sometimes accompanies these forms of paralysis tells in the same direction. As to the more serious group of paralyzes—those occurring in the beginning or during the course of pneumonia—many of them are due to cerebral hemorrhage, others to thrombosis, embolism and softening. Of those which recover some may be explained by localized anemia of reflex origin (for example, in children), or due to vascular changes (in old people). Even the toxic paralyzes probably act chiefly in virtue of some previous vascular weakness forming a locus minoris resistentie. Hysteria is not a very probable cause, and may be largely discounted in these cases and it seems fairly certain that whatever be the real pathogenesis of pneumonia, it must in their case be something different from that of old people. JELLIFFE.

NEW DISCOVERIES AND ADVANCES IN THE FIELD OF THE PATHOLOGY OF RABIES. E. Bertarelli (Wiener klinische Rundschau, Volume XIX, No. 4).

This article is a survey of the researches in the pathology of rabies made for the past two or three years in Italy. It would seem that they are unanimous in declaring that the Negri bodies are never found in animals free from rabies, and that if they are not found in those affected it is always in cases where the search has not been an exhaustive one. The hippocampus major is their chosen site, and examination of it would be fairly conclusive, entirely so if the finding proved affirmative, but if