

part, be carried into the lymphatics, for anything he knows.—*Glasgow Med. Journ.*, Jan. 1874, from *Virchow's Archiv*, Aug. 1873.

6. *Origin of the Bile-ducts.*—At the late meeting of the German Association at Wiesbaden, Professor KUPFFER, of Kiel, described certain new points in the histology of the mammalian liver, which should prove as interesting as they are new to most anatomists. By the injection of the bile-ducts and bile-capillaries, small cavities or vacuoles may sometimes be filled within the liver-cells, which are connected with the bile-capillaries around the corresponding cells by means of excessively delicate canals. The appearance presented by a good specimen of injected liver is that of a number of small stalked buttons attached to the bile-capillaries, the stalks being, as a rule, somewhat bent. Hering, who has advanced the knowledge of the hepatic structure so considerably, has not failed to see these knobs, but believes them to be accidental extravasations within the substance of the cell. The regularity of the appearance, however, and the presence of the delicate canal of communication, support the view advanced by Kupffer. This anatomist recognizes in the intra-cellular spaces secreting vacuoles or capsules, from which the bile flows into the capillaries. The liver-cells which are furnished with such vacuoles would therefore closely resemble the capsule-cells discovered and described by Kupffer in the salivary glands of some insects.—*Med. Times and Gaz.*, Feb. 14, 1874.

7. *Contributions on the Structure and Functions of the Bladder.*—According to Dr. G. JURIK, the arrangement of the muscular layers of the bladder and their relation to the internal sphincter urethræ are as follows: The external layer is the strongest, and it passes longitudinally from above downwards, being especially developed on the anterior and posterior surfaces. The middle layer is transverse but slightly oblique, the posterior bundles passing downwards and forwards and the anterior downwards and backwards, so that they cross somewhat. The internal layer is longitudinal but not very powerful. It is most developed at the upper end of the bladder, disappearing altogether at the level of the entrance of the ureters. The powerful external longitudinal layer is in part inserted at its lower extremity into the internal sphincter, so that when it comes into action it will draw asunder the sphincter and open the orifice. This sphincter is thus relaxed, not by the pressure of the fluid but by the direct action of the longitudinal muscular layer. A further point is that the entrance of the ureters was shown to be valved not only by the oblique passage through the mucous membrane, but also by the passage through the muscular coat. When the mucous membrane was cut away, and pressure exercised on fluid in the bladder, there was no escape through the ureters. It would thus seem that the contraction of the muscular coat of the bladder has a direct influence in closing the ureters and preventing regurgitation during the emptying of the bladder.—*Glasgow Med. Journ.*, April, 1874, from *Stricker's Medizinische Jahrbücher*, Part IV., 1873.

8. *Bladder with a Pouch communicating with a Third Ureter.*—Mr. FLETCHER BRACH showed to the Pathological Society of London a case of this nature, occurring in a child aged 5 years. She had been healthy till six weeks previously, when there was a difficulty in micturition, which increased, and death ensued. *Post mortem*, a third ureter, opening below with a pouch near the bladder, filled with pus, was discovered.—*Brit. Med. Journ.*, May 16, 1874.

9. *Ovulation without Menstruation.*—M. DE SINÉTY stated at the Biological Society of Paris (25 April, 1874) that he had observed on the surface of the ovary of a woman who had died of phthisis, and who had not menstruated for five months, a ruptured Graafian vesicle. Ovulation had thus continued in the absence of menstruation.—*Revue Scientifique*, May 2, 1874.