

Pre-icteric Itching.—D. RIESMAN (*Amer. Med.*, 1907, ii, 79) gives a brief *resume* of the literature bearing on this interesting subject and notes that, in many reported instances, the itching preceded the jaundice by some time. He then reports in detail three cases of jaundice due to different causes, in all of which pre-icteric itching was marked. Riesman thinks that the older view that itching is due to a deposit of bile pigment in the skin can no longer be maintained. This has also been the view of several other writers. Rolleston also doubts whether itching is due entirely to the presence of bilirubin and admits the possibility that other concomitant poisons may give rise to it or that the dry, ill nourished condition of the skin is the cause. The following facts seem to bear out the view: (1) Itching according to Frerichs and Lancereaux occurs in only about one-fifth of the cases of jaundice. (2) It bears no constant relation to the depth of the jaundice. (3) It may come and go repeatedly in a given case, while the jaundice persists undiminished. (4) The occurrence of itching that appears before the jaundice and coincidentally runs with it for some time. (5) The prompt, sometimes instantaneous disappearance of the itching after drainage of the gall-bladder long before the jaundice has had time to disappear.

The cause of the itching is unknown. In all probability it is some metabolic poison or poisons which the liver in its normal state either neutralizes as it passes through in the portal blood or destroys when brought to it by the blood of the hepatic artery: The poison must be the bile, as shown by the sudden ceasing as soon as the bile is given free drainage either externally or internally. In ordinary icteric itching it most probably enters the circulation with the bile, probably by way of the lymphatics, but in pre-icteric itching or in itching depending upon hepatic disturbances without jaundice it passes into the blood independently. Riesman concludes as follows: (1) Itching sometimes precedes the onset of jaundice by a variable length of time. (2) This itching may cease the moment the jaundice is established or it may continue indefinitely. (3) Itching, whether pre-icteric or icteric, is not due to a deposit of bile pigment in the skin. (4) When itching exists for which no cause can be found, the liver, as a possible factor, should not be overlooked. (5) Pre-icteric itching is suggestive, though not pathognomonic of the existence of malignant disease involving the liver or the biliary passages. This last statement is borne out by the views of some eminent authorities, though the cases are too few for any positive opinion on this point.

The Treatment of Acute Failure of the Heart.—CHARLES BOLTON (*Lancet*, 1907, i, 870) notes that acute failure of the heart may be brought on in two distinct classes of cases: (1) The failure may be due to some organic condition affecting the heart, the blood, the bloodvessels and, therefore, initiated in a purely mechanical manner. (2) It may be the result of some nervous disturbance, such as occurs in sudden death from vagus inhibition or in cases of tachycardia. Bolton, on account of time and space, deals mainly with the first class of cases on account of its greater frequency and importance. Acute failure of the heart is brought about in two ways: By any condition interfering (1) with the emptying of its cavities during systole or (2) the filling of its cavities during diastole. As regards the first of these conditions the loss of

muscular power may be due to many acute infectious diseases or other febrile conditions, or to direct disease of the musculature of the heart, either acute or chronic. Also among the influences bearing on this first condition are the various arterial or visceral changes leading to increased resistance to the output. The second condition, interference with the diastolic filling of the heart, may be brought about by an increase or diminution in the quantity of the blood, such as may occur in various conditions.

In regard to the treatment of the acute degenerative changes Bolton lays down three indications: (1) To prevent, to stop or diminish the degenerative process; (2) to diminish the work of the degenerate heart; (3) to simulate the heart only over very short periods when fatal syncope is threatened. Bolton lays great stress on the dangers of overstimulation, goes carefully into the general treatment of the different diseases, insisting especially on the avoidance of sudden movements and overstrainings and on the cautious treatment of such symptoms as bring about vomiting, as well as the relief of excitement and shock, and other means of avoiding sudden straining efforts. The importance of absolute rest is strongly emphasized. He then passes to the treatment of the condition causing acute failure of the heart by an increase in the diastolic quantity, such as is found after undue exertion and overstraining, and the effects of altitude upon the heart, and lastly takes up the conditions causing diminution of the diastolic quantity either by vasomotor paralysis, severe hemorrhage, or increased pressure in the chest acting on the heart. This latter is seen in pericardial and pleural effusions. Shock as one of the important factors in these conditions is treated of at some length. The general treatment, management, and drugs used in the various conditions for the relief of the many different symptoms reacting badly on the heart are considered at length.

The Spleen in Organic Heart Disease.—ERNEST BARRIE (*La presse médicale*, 1907, xix, 145) calls attention to the fact that most of the organs have received much attention and study as to their changes in heart disease, in both compensated and uncompensated cases, but the study of the spleen has been much neglected. In his list of 216 personal observations of the conditions of the spleen in organic heart disease, 79 were carefully examined after death. The remainder were examined by careful measurements and other clinical methods before death which the author enumerates at length. In about two-thirds of the cases the spleen was of normal size, but in about one-third there were more or less changes, hypertrophy, diminution in size, the presence of infarcts. In the 20 cases of hypertrophy of the spleen the liver was usually enlarged in like extent. The spleen in 2 cases weighed 630 and 860 grams. The others weighed less and showed marked chronic passive congestion. In 4 cases the volume of the spleen was diminished, a marked atrophic condition being evident. Infarcts were found in 13 of the 79 autopsies. As a rule, in all the cases of abnormal spleen there were more or less serious diseases in the past history of the patient, and it is possible that they may have had some influence on the subsequent condition during a cardiac breakdown.

As regards the clinical signs and symptoms, those associated with the atrophic spleens are somewhat vague, while the diagnosis of infarcts