

of fluid. This was always acid in reaction, and accordingly contained gastric juice. Free hydrochloric acid was present only seven times. Mucus, bile, peptones, and pepsin were also occasionally present. The cause of the presence of the gastric juice must be sought in the saliva or secretions from the pharynx, which even in the small quantities that are swallowed while sleeping excite secretion.

As to the possibility of a continued hypersecretion the author has no personal experience, but gives the following statements bearing on the question :

If there is a hyperacid secretion in the fasting stomach, even in small quantities, it must be looked on as pathological.

If the fasting stomach contains a larger quantity, *i. e.*, 50 to 100 c.cm., this may be due to a pathological process, but is not necessarily so. Alkaline contents indicate a disturbance of the gastric chemistry.

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#### PERISPLENIC BLOOD-CYST.

VON SUBBOTIN (*Wien. med. Presse*, 1894, No. 36) calls attention to a rare disease of the spleen, two cases of which have come under his observation. In one case the patient was a farmer, thirty years old, who for sixteen years had repeated attacks of severe malarial fever, with enlargement of the spleen. Laparotomy was performed, the tumor found adherent to the peritoneum. The tumor was incised, and 1500 c.cm. of dark bloody fluid removed. Microscopically, the fluid showed nothing characteristic except altered blood-corpuscles. The interior of the cyst was smooth and hard. It covered all the outer and part of the inner surface of the spleen. Subbotin thinks the cysts develop from the capsule and not from the parenchyma of the spleen.

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#### THE PROGNOSIS IN GRAVES'S DISEASE.

PRIBRAM (*Wiener klin. Rundschau*, 1895, No. 44) has noticed a gradual subsidence of the cardinal symptoms in a large proportion of cases of Graves's disease observed during a long time. In some cases exophthalmus, struma, tachycardia, tremor, and psychic alterations have disappeared, and notwithstanding severe physical and mental exertion have not returned within from ten to twenty years. In such cases complete recovery may be claimed. In one case recovery occurred even after marked dropsy had appeared, and in another after dropsy, erysipelas, pneumonia, albuminuria, and emaciation. Hospital treatment, with rest and care, was often followed by improvement, sometimes by recovery. These facts should be remembered when the operative (or medicinal) treatment of Graves's disease is under consideration.

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#### CHANGES IN THE BRAIN IN CHOLERA.

TSCHISTOWITSCH (*S. Petersburger med. Wochenschrift*, 1895, No. 31) makes a preliminary communication on the condition of the brain in Asiatic cholera, based on examinations in cases dying with cerebral symptoms. The observations show that alterations in the brain can be demonstrated in cases dying in the algid stage within twenty-four to thirty-six hours after the onset. The changes are more marked in cases dying in the stage of reaction, or in