

abdomen. In the present case the gall-bladder had been aspirated, but not until after the tetany began.

**The Spinal Changes in Pernicious Anæmia.**—G. von Voss (*Deutsches Archiv für klin. Med.*, Bd. lviii. p. 489) has made a careful clinical and experimental study of this subject. From the clinical material examined, as well as a study of the literature, he draws the following conclusions: 1. The anatomical basis of the spinal degeneration in pernicious anæmia may be considered established. 2. Pernicious anæmia must be considered an etiological factor in the production of combined system disease of the spinal cord. 3. Vascular degenerations belong to the type of the disease in question, but are not the essential causes. 4. The frequently observed hemorrhages do not account for the origin of the spinal disease. 5. The question as to the cause of "pernicious anæmia," and the question as to the relation of the anæmia to the spinal disease are cardinal ones in any investigation of the subject.

After considering the possible explanations advanced, von Voss gives the results of some experiments made by him in order to see if induced anæmia could produce in animals spinal changes like those found in pernicious anæmia. As the result, he found that no typical changes could be produced in rabbits resembling those in man, nor could any alterations at all be produced in dogs and guinea-pigs, although the extent and duration of the anæmia were often very great. Von Voss, therefore, concludes that as yet unknown poison is the cause of the peculiar spinal degeneration of pernicious anæmia, and that investigations of the metabolism in that disease are best calculated to clear up the subject.

**The Aspiration of Stomach Contents in Artificial Respiration.**—A. BROSCHE (*Deutsches Archiv für klin. Med.*, Bd. lviii. p. 604) publishes some interesting results, of value not only in legal medicine, but also in practice. His attention was directed to the subject by the case of a convalescent from diphtheria, who suddenly fell over on rising from the table. The physician who was called in kept up artificial respiration for some time, but without success. The most important post-mortem finding was the presence of food in the trachea and bronchi, the stomach also being full. Brosche carried out an extensive series of experiments for the purpose of ascertaining whether such an aspiration could occur after death, from artificial respiration, and found that it was by no means difficult, especially if the stomach is full and the method of respiration one which includes pressure on the abdomen to force up the diaphragm. It is easy to understand how, in a convalescent, heart-failure might occur as the result of an over-distended stomach, and how, in case artificial respiration had been carried out and aspiration of stomach-contents followed, the real conditions might be difficult to explain. In order to avoid such accidents, the author recommends the insertion of a rather stiff-walled stomach-tube of wide calibre to lessen the risk of aspiration in case the contents of the stomach be expressed, and the use of a method like Howard's, or, still better, Marshall Hall's. The stomach-tube also serves a useful purpose in preventing the tongue from falling back and obstructing the larynx.