

Archiv für klin. Med., Bd. lxx. p. 283) has worked up the previously-reported cases and added one of his own. He shows that besides thrombi of the portal vein, due to compression or to the spread of inflammation from the vicinity, there are others, which may be called primary, depending on a local disease—atheroma—and having an etiological relationship, among other things, with syphilis. The clinical picture of this process is often not striking, but may be very characteristic. In the latter case there is a sudden onset with pain and all the signs of an acute stasis in the portal circulation—ascites, vomiting of blood, bloody stools, enlarged spleen. Of diagnostic importance are the condition of the liver, the history, and the suddenness and severity of the symptoms. If there is a complete and sudden obstruction of the portal vein, death ensues; but in other cases canalization of the thrombus and temporary restoration of the lumen permit the patient to live a long time. The consequences of thrombus for the liver are not so important as might be supposed, and consist chiefly of moderate atrophy and interstitial sclerosis. An important sign is rapid recurrence of ascites after puncture.

A New Method in the Radioscopy of the Stomach and Intestines.—I. BOAS and M. LEVY-DORN recommend (*Deutsche med. Wochenschrift*, 1898, No. 2) an ingenious method. Gelatine capsules are filled with metallic bismuth and then covered with celluloid, making them insoluble. To aid recovery from the stools the capsules are colored with a non-poisonous aniline dye. The capsules are 2½ cm. long, 1½ cm. wide, and weigh when full twelve grammes. They are readily swallowed, and in none of the fourteen persons experimented on were any symptoms produced. The capsules are readily seen (in thin persons) with the radioscope; the position in the abdomen may thus be recognized, but the exact part of the alimentary tract can, of course, be determined only within certain limits. Practically, it was not difficult to know when the capsule was in the fundus of the stomach, or in the cæcum, because it remained there longer than in other positions. In the small intestine the progress seemed to be rapid, and when the capsule was found in the left iliac fossa it was evacuated within twenty-four hours, indicating its presence when seen before in the sigmoid flexure.

The capsule usually disappeared from the stomach within twenty-four hours in patients with mild gastric symptoms, and was then found in the cæcum; but in obstruction of the pylorus it remained as long as four or five days in the stomach.

The possibilities of this method of examination are evidently great. The motion of the intestinal tract in health and disease, and under the influence of various drugs, especially those like creosote, alcohol, strychnine, hitters, and cathartics, can be studied with advantage, though, as the authors remark, conclusions as to the motion of the usual ingesta must be drawn with caution.

A Case of Chronic Fibrinous Bronchitis; and the Nature of the Casts in that Disease.—A. HABEL reports a case from Eichhorst's clinic. A woman, aged forty-one years, with long-standing mitral insufficiency and stenosis, expectorated fibrinous casts almost daily for about two weeks. Later

he had an incarcerated hernia, was operated upon and recovered, but developed nephritis and a recurrence of the fibrinous bronchitis. Finally, loss of compensation came on, and the patient died without further fibrinous expectoration. Habel made examinations of the casts in this and another case, also secondary to valvular disease. Stained by Weigert's method, they showed very few fibrin fibres, most of the casts not taking any stain (lithium carmine). Chemical examination also showed the absence of fibrin, but proved that the casts were made up chiefly of mucin. The casts were of acid reaction, and the author thinks this is the cause of the coagulation. According to his view something, probably the action of bacteria, causes the bronchial secretions to become acid. The mucus then coagulates. He applies the same explanation to the casts sometimes expectorated in croupous pneumonia, and was able to confirm his view in a case of the latter disease. —*Centralblatt für inn. Med.*, 1898, No. 1.

The Serum-test for Typhoid Fever at the Montreal Meeting.—The important papers read go to prove that, however great the scientific interest of the serum-test, its results must be used with caution in practice. WIDAL showed, from the extensive statistics of CABOT, that the reaction is present in a very large proportion of cases. He himself only missed it once in 177 cases. He emphasized the difficulty of diagnosing clinically all cases of typhoid fever. In doubtful cases he had made cultures from the spleen. By this method he was able to demonstrate the absence of reaction in a case of genuine typhoid fever with relapse. The examinations were negative during both febrile periods, the intervening stage and the convalescence. Such cases are so rare as hardly to affect the value of serum diagnosis, but prove that the agglutinative reaction has nothing to do with immunity. They follow naturally after observations showing that in some cases the reaction comes on very late. Widal believes the reaction is often more intense in the beginning of the attack. It diminishes and frequently disappears from the first period of convalescence, and is relatively rare in patients who have been cured for more than a year. W. GILMAN THOMPSON described observations showing that the reaction often became more intense as the disease progressed. WILSON and WESBROOK related an interesting case in which there was reaction on the twelfth, nineteenth, twentieth, and twenty-fifth days; absent on the ninth, thirteenth, and twenty-first days, without corresponding variation in the clinical symptoms. These observers examined a large number of cases in children, and found a reaction in 76 out of 165. The reaction appeared earlier than with older cases. (The clinical features in these cases are not mentioned.) In one case a mother seven months pregnant had clinical symptoms of typhoid, though her blood failed to react on the fourth and sixth days. The child was born on the sixth day, and two days later gave a marked reaction. The mother reacted on the thirteenth and twentieth days. E. BATES BLOCK gave some interesting and valuable details on the technique, and advocated the use of serum, rather than dried blood. Thompson held that the value of the test was about the same as that of the diazo-reaction, "confirmatory in connection with appropriate symptoms, but misleading if positive reliance be placed upon it," but MUSSER and SWAN seemed to have had a more fortunate experience. The