that point of view. Among the directions given for the guidance of medical officers to insurance societies, by different authorities, those drawn up by Dr. Saundby appear most satisfactory. No life, he says, can be considered acceptable which fails in any one of the following conditions: 1. There should be no history of Bright's disease in the parents, or in any two near relatives. 2. No personal history of acute nephritis, plumbism, or gout. 3. No cardiac hypertrophy, hard pulse, frequent nocturnal micturition, or retinal changes. 4. Age not over 40 years. 5. No casts in the urine. 6. No chronic dyspepsia.

A case which had begun acutely I should reject for insurance till some time after every trace of albumen had disappeared, because they are liable to relapse. Dr. George Johnson mentions a case, however, in which recovery from acute nephritis took place after the persistence of albuminuria for seven years.

DESCRIPTION OF A CYST OF THE OMENTUM.

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SIR SPENCER WELLS contributed to the BRITISH MEDICAL JOURNAL of June 14th, 1890, a Note on Mesenteric and Omental Cysts. The cyst removed by him from the second case, a girl, aged 4, was kindly sent to my father, and will be here described.

The specimen (preserved in alcohol) consists of three very thin-walled cysts, the largest of which will hold about a quart of fluid, the next about half a pint, while the smallest is of the size of a hen's egg. Sir Spencer Wells saw at the operation a few more "small cyst-like collections of fluid like grapes" in the upper part of the omentum. The two larger cysts are separated by a common septum, which springs from what appears to have been the attached border. The smallest cyst has a short pedicle, and arises from a point on the same border. The walls of the cysts are uniformly thin, semi-transparent, and resemble mesentery or omentum in appearance. They do not readily separate into distinct layers. A little fat is distributed throughout, but is more abundant at the "attached border." The blood vessels form distinct projections on the inner surface.

Microscopical examination of stained portions of the walls showed no epithelium on either inner or outer surface. In such specimens were visible (1) wavy connective tissue, mostly loose in texture, (2) fat cells, (3) blood vessels, (4) groups of small round cells, especially numerous in the neighbourhood of the blood vessels. Sections were made, after imbedding in paraffin, of the walls of the largest and the smallest cyst. No marked difference was discoverable between the two. In such a section (Fig. 1), made to include a moderate-sized artery, it is seen that the wall is made up of a loose connective tissue, mostly fibrous, with, in places, a network in which fat cells are scattered, the fat being more abundant on the outer surface. No epithelium could be found on either surface; and, although the nuclei of the endothelium of the blood vessels were plainly visible, hardly any such nuclei were seen at the surfaces of the cyst. No trace of hydatid membrane was seen. The most prominent feature of the sections was the number of small round cells (leucocytes), which in places formed an almost continuous core to the section, and in others formed nodules hardly to be distinguished from the granulations of tubercle. The sketch shows several such.

In several of these "granulations" distinct and large giant cells occurred; but these differed from those usual in tubercle in having the nuclei for the most part heaped up in the centre, instead of being arranged peripherally as a horseshoe. Nowhere did the small round cells appear to be degenerating into pus, but, on the contrary, at the margins of the nodules, they showed the changes generally considered indicative of organisation, the nuclei becoming larger and paler, and the cells ovoid and spindle-shaped. The whole picture was that of chronic inflammation, and the resemblance to the granulomata, such as tubercle, was considerable.

The search for micro-organisms, however, revealed neither tubercle bacilli nor other microbes that could be considered in any way causative of such inflammation. But a few scattered bacilli and micrococci were found on the surface of the cyst, having appeared almost certainly after its removal.

In regard to the origin of the cysts, the character of the contained fluid—clear, watery, with a mere trace of albumen, and no evidence of hydatids—together with the structure of the walls,

prevents them being considered as either dermoid, chylous, or hydatid. Nor can they have arisen from the breaking down of a lipomatous formation, as described by Virchow¹ in some cases of omental cysts. The existence of chronic inflammation will probably explain some points in the clinical history, such as pains and febrile attacks; but there is not sufficient evidence for considering it the primary factor in the causation of the cysts. The mother's statement that the girl had a large abdomen in early infancy, if reliable, would point to a congenital origin. There is, however, the possibility of an inflammatory process having occurred quite early in life, and of subsequent periods of cessation and of recrudescence.

Fig. 1.—s r c, small round cells; g c, giant cells; a, artery; v, vein; f, fat.

The small amount of albumen in the fluid, which is unusual in fluids of inflammatory origin, may perhaps be connected with the extreme chronicity of the process. The origin of the inflammatory process remains obscure. No sign of tubercle was found at the operation.

¹ Berl. klin. Wochenschrift, 1887, No. 14. See also Hahn, *Ibid.*, No. 23.

PATENT MEDICINES IN BULGARIA.—There is said to be a law in Bulgaria to the effect that if a patent medicine which is advertised to cure a particular disease fails to do so, the vendor is liable for damages, and may also be sent to prison for a time for publishing a false statement whereby the public may be injured in purse as well as in health. Bulgaria is not usually regarded as being in the van of civilisation, but its careful regard for the bodily welfare of its citizens might, with much advantage, be imitated by many more "advanced" nations.

A new monthly journal, entitled *Magnetismo ed Ipnotismo*, devoted to hypnotism and kindred subjects, has recently begun to appear in Italy. It is published at Florence under the editorship of Dr. Olinto Del Torto, and is the organ of the Italian Medico-Psychological Society.