a few small scars, some thickening of the hepatic capsule, or slight perihepatitis may be the only morbid features perceptible externally on *post-mortem* examination. This fact is of great importance in its bearing upon diagnosis. There may be no suspicious history, nothing whatever distinctive in the physical signs made out during life. The condition of the liver, as ascertained by examination of the abdomen may correspond exactly with that of an ordinary alcoholic cirrhosis.

Another feature of syphilitic cirrhosis is the degree of perihepatitis and local peritonitis in the region of the liver. This condition of general perihepatitis, with extension to neighbouring structures, is far more marked in connection with syphilitic disease than in any other condition.

The great development of perihepatitis and local peritonitis in many cases of syphilitic cirrhosis has been imperfectly recognised. Perihepatitis has been usually regarded as more especially associated with other forms. Murchison, however, observed that it was met with in marked degree in syphilitic cirrhosis, and in connection with long-standing disease of the heart. He described it as accompanied by fibrous bands extending from the capsule into the liver structure and causing atrophy.

There may be, as I have observed, no history of syphilis in these cases. In 10 cases of which I have notes—8 of which were fatal and the gummata found *post-mortem*—in 2 only was there any definite history of syphilis; in 2 others syphilitic scars were found during life; but distinctive physical signs in the shape of irregularities or bossing of the surface were found in 3 only. The condition usually disclosed by physical examination of the abdomen was a large liver, smooth and slightly irregular and hard; or sometimes simply that the liver was small and contracted.

The syphilitic liver, then, is liable to be mistaken—and, as a matter of fact is, I believe, frequently mistaken—for the alcoholic liver, an error which, in view of the remedial power of antisymphilitic remedies, may be disastrous.

Signs of perihepatitis, pain, and tenderness over the liver and pyrexia, when the degree is marked and persistent, afford a presumption in favour of the syphilitic nature of the affection. The temperature affords valuable indications of the existence of perihepatitis. Perihepatitis does occur in pure alcoholic cases, and in connection with Bright's disease; but, according to my observation, it is not so constant or so extreme as in syphilitic cirrhosis.

Another undetermined question is as to the specific cirrhosis which arises in young children as a result of congenital syphilis. I have not met with any instance of gummatous development such as is found in the acquired disease, although the condition has been recorded by Ziegler and others. The smooth liver greatly enlarged offers no points of distinction from a liver enlarged from other causes, and the diagnosis must depend upon the history or the existence of other signs of the disease. *Post-mortem* the microscope reveals a very distinct form of cellular infiltration and early fibrosis, which spreads through the lobules between the cells in a diffuse and characteristic manner. There may be no thickening of the capsule or external change perceptible.

In 8 cases of cirrhosis in children between 5 and 9 years of age, of which I have careful records, there was a reliable history of congenital syphilis in 2 only. In 2 there was one of alcoholism, and in the remaining 4 no cause could be made out. In connection with this subject of cirrhosis in children there are many interesting points—such as the effect of congenital obliteration or stenosis of the bile ducts, as recorded by Dr. John Thomson¹²; the question of hereditary tendency, as noted by Dr. Howard¹³ and Dr. Finlayson¹⁴; and the connection of this with nervous lesions, as noted by some observers. I think it is probable that congenital syphilis will furnish the key to the relation of these several conditions. With these matters, however, it is beside my present purpose to deal.

REFERENCES.

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ANTHRAX OF THE THIGH TREATED BY OPERATION: RECOVERY.

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THE occurrence of anthrax in the human subject in Ireland has been sufficiently rare to warrant the publication of the following brief notes, which are an abstract of a communication made to the North of Ireland Branch of the Association at a recent meeting. The patient and the excised morbid tissues were exhibited to the members. Some additional interest arises from the facts as to mode of infection and the bacteriological proofs being unusually clear in this instance.

The patient was a healthy labourer, aged 23, employed in a chemical manure manufactory. On December 22nd, 1899, while wheeling a barrow laden with bone manure he was accidentally pricked on the inner side of the thigh, in the lower third, by a splinter of wood on the barrow handle. Feeling something scratch him in this situation, he extracted a tiny chip of wood from his trousers and continued his work, taking no further notice of the occurrence as the spot was not painful. In three days a pimple formed and became a sore, which grew daily larger and more painful. Meantime his trousers, soiled by the bone manure, continued to rub against the affected part. On the tenth day, January 1st, he was obliged to abandon work, and sought advice at hospital. Free excision was recommended and carried out on the following day.

At this time, January 2nd, the characteristic signs were manifest—the central depressed black slough surrounded by a complete ring of vesicles. Inflammatory redness and swelling extended around for an area of 7 inches by 5, and very marked enlargement and tenderness of the femoral glands had recently supervened. It was this glandular implication which determined the operative treatment, as it appeared to point to a dissemination of the germs. The temperature and pulse up to this period remained undisturbed. The operation was begun by an incision in the groin, and the saphenous vein was ligatured first, lest the subsequent manipulations of the infected tissues should detach infective thrombi. The cluster of lymph glands was removed in one mass together with the surrounding fat. The wound was sutured and drained. Next a large oval patch surrounding the anthrax, and involving the tissues down to the vastus internus, was excised. The angles only were sutured in this wound and the centre left to granulate. The subsequent progress during the ensuing three weeks was satisfactory; systemic infection did not occur, and the patient made a good recovery.

Bacteriological investigations were made by Dr. Lorrain Smith; the chief interest, after demonstrating the nature of the disease, attaching to his report as to the presence or absence of anthrax bacilli in the swollen lymphatic glands in the groin. Subjoined is Dr. Lorrain Smith's report:

1. Fluid removed from blebs contains large numbers of bacillus anthracis.
2. Broth cultivation of this fluid for five hours contains a pure growth of these bacilli.
3. The fluid expressed from the central slough contains a few bacilli and multitudes of staphylococci.
4. The film made from the centre of a swollen lymph gland shows no anthrax bacilli. Two experiments were made to ensure accuracy.
5. Needle-prick inoculation of a mouse resulted in death of the animal in thirty-six hours, and microscopic examination of splenic pulp therefrom showed abundant anthrax bacilli.

From this report it appears that the inflammation of the lymphatic glands was not due to the arrival of anthrax bacilli in the glands, but was probably of a sapræmic nature.

FEMALE MEDICAL STUDENTS IN PARIS.—From the report of M. Petit de Julleville to the Minister of Public Instruction at a meeting of the Council of the University of Paris, it appears that the Faculty of Medicine has 129 female students. Of these 29 are French, while 100 belong to other nations; 91 being Russian, 5 Roumanian, 2 German, 1 Swiss, and 1 English. Twenty women are studying in the School of Pharmacy, of whom with one exception all are French. In the Faculty of Science there are 35 female students—21 French and 14 foreign.