

possibly already struggling for life. It is probably neither wise nor necessary to unduly stimulate the skin function unless signs of beginning uremia are evident, and even then their gravity should dictate both the method and the extent and frequency of its employment. The wisdom of the use of the stimulating diuretics to aid elimination by the kidneys is much to be questioned, at least in those cases not showing symptoms of uremic intoxication, for it seems grossly unjust to goad on an already crippled organ when the same or a better result may be gained by the timely and judicious use of the eliminative powers of the bowels and skin. The high blood pressure incident to pregnancy can not be overcome until delivery is accomplished; but it is not proposed to refer in this article to the indications for the inducement of premature delivery. The above principles of treatment, in addition to the fulfilment of any symptomatic indications that may arise, if prudently employed will bring much relief to the kidney laboring under untoward circumstances, and yield grateful and lasting satisfaction to the conscientious "man of medicine" in whose hands the destiny of so many innocent lives reposes.—*Med. Rec.*

PREDISPOSING CAUSES IN FACIAL PARALYSIS.—Neumann (*Neurol. Centralbl.*) considers that in most cases where cold is the exciting cause of so-called rheumatic facial paralysis, there is also a predisposition which in many cases is hereditary. Two cases are quoted in which facial paralysis arose from quite trivial causes in patients whose antecedents showed in the one case migraine in the mother, and neurasthenia with facial twitchings in the father; in the other facial paralysis in the father and insanity in one aunt. In such cases hereditary weakness of nerve tissue, particularly of the facial nerve, is supposed to predispose to the molecular changes which interfere with conduction. These changes, although in the severer cases presenting the appearances of parenchymatous neuritis, may show no visible change in the slighter ones. The predisposition may, however, be acquired. The facial paralysis occurring in association with certain constitutional diseases, for example, diabetes, syphilis, tuberculosis, would be thus explained, the general disease weakening the nervous tissue, and thus predisposing to the local condition on exposure to some local cause, however slight. The special liability of the facial nerve to be affected he considers due not so much to its exposed position, else the ulnar should often be affected, but to the large number of lymphatics and lymphatic glands surrounding it at its exit from the stylo-mastoid foramen. Stagnation of lymph would favor morbid changes

in the neighboring nerve, and such stagnation would be particularly likely to occur at night; hence the frequency of nocturnal onset of facial paralysis.—*Brit. Med. Jour.*

ACROMEGALY.—Tamburini analyses 24 published cases of acromegaly. In 17 of these there was tumor of the hypophysis cerebri; 8 of these were examined microscopically as well as macroscopically. Of the 7 cases in which no lesion of the hypophysis were observed, in 2 the disease was only six months old, so there was not time for gross change in the hypophysis, and it was not examined microscopically; in 2 others the disease was more probably osteo-arthritis of pulmonary origin, and the other two were doubtful cases. So that the typical disease seems to be closely associated with affections, chiefly tumors, of the hypophysis. Various kinds of growth have been met with, the commonest being adenoma and its congeners. Adding a case of the author's, of the 18 the thyroid was hypertrophied in 9, atrophied in 1, normal in 3, and no record of it in 5. The thymus persistent in 8 cases failed in 3, no record in 7. Sympathetic ganglia hypertrophied in 6, normal in 2, unobserved in 10.—*Brit. Med. Jour.*

TUBERCULOSIS OF THE SOFT PALATE.—Brocq (*Jour. de Méd.*, March 10th, 1896,) describes the case of a woman whose soft palate was covered by a series of small ulcerations having a punched-out appearance of some depth. There was also considerable infiltration, and on the surface a number of small yellow points. There was also laryngeal tuberculosis, and the author was certain of the tubercular nature of the palate lesion. An interesting point was that the whole of the velum palati was involved, notwithstanding that the history was of only two months' duration. In this instance the patient was pregnant, and the writer draws attention to the rapid course of these somewhat anomalous tuberculous affections under such circumstances, a rapidity which he says in some cases may give rise to hesitancy in diagnosis. He recommends lactic acid in the treatment of buccal tuberculosis.

The *London Lancet* of March 28th, 1896, says editorially:—"Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, etc., etc. It is not disagreeable to take, and may be had either in powder or tablet form, the being made in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. By the presence in it of the amine group it appears to exert a stimulating rather than a depressing action on the nerve centres and the system generally. If this be so, it possesses advantages over other coal-tar products."