to the hospital, dyspnœa and cyanosis were both very marked; the right side of the thorax was moving at the rate of 72 per minute, while the left side was motionless, and all the typical signs of pneumothorax were detected. There was no history of phthisis, nor were there any physical signs of it, therefore it was supposed that the effect of the street crying had been to produce emphysema, and that the rupture of an emphysematous lung produced what Leyden calls a "simple pneumothorax." The patient was kept absolutely quiet in bed, and by the middle of the second week faint vesicular breathing could be heard on the left side. He got out of bed on December 3rd, for the first time after the accident, and left the hospital three weeks after his admission, with the breath sounds as nearly as possible equal on the two sides.—*British Medical Journal.*

The Early Diagnosis of Chronic Nephritis.—For many years M. Dieulafoy (*Lancet*, No. 3643, p. 1542) has sought to emphasize the importance of divers symptoms which, though often apparently trivial, are none the less significant of the existence of that very common malady, chronic nephritis To these symptoms he has given the name of *petite urémie* or Brightism. He regards albuminuria as an unreliable symptom of chronic nephritis. Of sixty cases under treatment in his wards during recent years, albuminuria was absent in one-fourth. That nephritis really existed was proved in several instances *post mortem*. In another series of cases albumin disappeared in spite of the continued evolution of the disease. Some patients are albuminuric without being nephritic. Amongst the symptoms of nephritis, M. Dieulafoy mentions auditory troubles. These consist in whistling or more sonorous noises in one or both ears, the causes being multiple (edema, paralysis of the acoustic nerve, variations in pressure). The frequency of these noises may be judged of when it is stated that they were present in thirty-four out of sixty cases. Menière's vertigo was frequently complained of (thirteen times in sixty). Asphyxia of the extremities, first described by Maurice Raynaud, is one of the commonest symptoms of chronic nephritis. This begins as formication of the hands or fingers, and then the tips of the latter become bloodless, pale, and numb. This dead-finger symptom is found in all the forms and in all the stages of chronic nephritis. Itching, without possessing the same importance as the foregoing, is sometimes very severe. Frequency of micturition is well known as a symptom of the disease. To this symptom M. Dieulafoy has given the name of pollakiuria, to distinguish it from polyuria; many nephritics, in fact, urinating ten or twelve times a day without voiding a quantity above the normal. Cryesthesia (*Κρυος*=cold), or sensitiveness to cold, is a minor symptom of nephritis. It is generally confined to the lower extremities. Cramps, especially nocturnal, in the calves of the legs are sometimes severe enough to wake the patient. Epistaxis, chiefly occurring in the morning, is often significant. Electriform shocks must also be counted in this category. At the moment of falling asleep, or during sleep, the patient is aroused by a single violent shock, recalling the effects of an electric discharge. The temporal sign is frequent. Here the temporal artery is distended, dilated and tortuous, without being atheromatous. This is, of course, due to high arterial tension. The foregoing symptoms, if associated in any one individual, are, according to M. Dieulafoy, sufficient to warrant the diagnosis of chronic nephritis. He is convinced that many persons apparently healthy are in reality nephritic. A confirmation of this diagnosis will frequently be found in the good effects of an exclusive milk-diet, which causes the disappearance of these seemingly insignificant troubles. M. Dieulafoy has also applied another test—viz., the degree of toxicity of the urine passed by patients affected with chronic nephritis. He finds that this secretion has in such cases lost a portion of its toxic properties.—*Medical Progress.*

Venous Aneurysm.—(*Brit. Med. Jour*, 1893, i. 233.) Dr. Pitt exhibited before the Pathological Society of London, a specimen of arterio-venous aneurysm between the left common iliac vein. The heart was dilated and hypertrophied, and this he attributed to the increased pressure in the venous system from the direct passage of arterial blood into the inferior cava. The case was that of a boy who was struck with the shaft of a cart in the left groin. The leg was œdematous, and the collateral veins, especially those of the penis, dilated. In