VERTIGO FROM CONSTIPATION.

Persons who are accustomed to have a regular action of the bowels every morning are usually affected with giddiness or vertigo, or with a sense of faintness, if the natural habit be, by any accident, omitted. The reason is a very simple one, and is purely mechanical. The regular habit causes the rectum to be loaded with fæces, and when the rectum is loaded there is pressure on the surrounding veins. But, as I have shown by direct experiment, the cerebro-spinal fluid finds its way into the venous circulation by the inferior vena cava and the common iliac veins. When, therefore, there is pressure, causing impediment to the venous circulation of the pelvis, there is at once an interference with the process of escape of the cerebro-spinal fluid, and pressure upon the whole of the cord, up to the cerebrum itself.

The form of constipation here referred to is the rectum, and must not be confounded with constipation due to accumulation or inaction in the colon. Vertigo with constipation, and with the patient connecting the uneasy cerebral symptoms with the constipation, is an indication that the rectum is loaded, and that relief will follow from a brisk aloetic purge.—RICHARDSON, *College and Clinical Record.*

ANTISEPTIC IRRIGATION OF THE KNEE-JOINT FOR CHRONIC SYNOVITIS.

Maurice H. Richardson reports three cases of chronic synovitis successfully treated by antiseptic irrigation of the knee-joint. The procedure is described as follows: under ether a large aspirating needle is introduced into the knee-joint on the outer side, just above the patella. The effused liquid is removed and a like amount of a 5 per cent. solution of carbolic acid is injected. This is in turn exhausted. The limb is then placed upon a posterior splint, the wound dressed antiseptically, and a cure effected in from two to four weeks. Dr. Richardson remarks: Many such operations have been done abroad, especially in Germany, with marked success. The ordinary treatment, by compression with or without aspiration, rest, splints and so on, has rarely been productive of a cure, or even of lasting benefit. Although the immediate effects of the treatment by irrigation are good, it is too soon to say that there has been a permanent cure. It is, however, safe to say that we may expect a permanent cure if we continue this treatment, and make use of repeated aspirations should fluid reappear. It is important to use a needle of considerable size, because of coagulation and precipitation of the albumen in the joint fluid by the carbolic acid. The best point to introduce the needle is through the fibres of the vastus externus, on the outer side, just above the patella. While the procedure is very simple, it should not be employed indiscriminately, nor until ordinary means have failed, and then only with the greatest care, especially as to cleanliness and asepsis.—*Boston Medical and Surgical Journal.*

A NEW SYMPTOM OF PERICARDITIS.

In some cases the diagnosis of effusion into the pericardium is difficult; and a symptom, first noticed by Bamberger, is said to be constantly present, and aids materially in arriving at a correct conclusion. Puis, in the *Wiener Med. Woch.*, has again attracted attention to the point. By percussion of the patient in a sitting position, or when lying on the right side, there is a muffled tympanitic resonance or diminished resonance over the left side of the thorax behind, extending downward from the angle of the scapula; and at the place of greatest loss of resonance there is a distinct bronchial breathing and bronchophony, with increased vocal fremitus. If the patient is made to bend forward, a portion of the dullness completely disappears, another portion becomes tympanitic, and no bronchial breathing is heard. This change is more marked still if the patient assumes the knee-elbow position. The physical signs observed are ascribed to compression of the lower lobe of the left lung by the fluid in the pericardium, and are found in young adults with chests which are elongated or narrowed antero-posteriorly. The presence of pneumonia or pleuritis is contra-indicated by the alteration of the physical signs when the position of the patient is changed.—*Brit. Med. Jour.*

RENAL COMPLICATIONS IN WHOOPING COUGH.

Some time ago Dr. Stefano Mircoli pointed out that he had several times observed renal complications in whooping-cough. Thus, on one occasion, among ten children suffering from the disease, nephritis occurred in two cases, one of which died. The necropsy left no doubt as to the existence of the renal affection. During another outbreak, among thirty-five cases nephritis developed in four. Two of these died, and in one a post-mortem examination was made. The kidneys were examined microscopically, and were seen to be in a condition of severe parenchymatous nephritis. No micro-organisms could be seen. Recently Dr. Mircoli has brought forward additional evidence on the subject. In a recent epidemic at Monterrubbiano, of twenty-four patients, three died, one from suppression of urine, another from suffocation in a paroxysm of coughing, and a third from marasmus. In the two latter cases, although during life there were no symptoms of renal affection, on post-mortem examination venous stasis in the kidneys