

One of the patients whose case was recorded by the reader of the paper had been treated as an in-patient for sciatica and hip disease in several hospitals. Mr. Barker thought that too much attention had been attached to hæmaturia in the diagnosis of renal calculus. In some cases blood was abundant and yet no stone was present. Mr. Bruce Clarke said that a large number of cases of stone occurred in which hemorrhage was never present.

Treatment of Aneurysm.—At the meeting of the Clinical Society of London, held on March 22nd, 1889, Dr. Barlow showed a case of cured subclavian aneurysm in a woman aged 52; the swelling at first increased rapidly and became as large as a chestnut; it then subsided. Treatment was by iodide of potassium and Tufnell's method, with an ice-bag over the tumor and the right arm bandaged to the chest. The iodide was continued for twelve months afterwards, commencing with a five-grain dose and increasing to fifteen afterwards. There was no history of syphilis.

Vomiting in Phthisis.—Dr. S. H. Habershon* draws attention to the singular fact that vomiting in phthisis is far more commonly met with in left apex disease, lending support to G. de Mussy's view that in some cases this symptom depends on involvement of the left pneumogastric nerve.

"Paralysis a Frigore."—At the suggestion of M. Pasteur, a paper was read by M. Neumann at a recent meeting of the Paris Clinical Society on the part played by nervous predisposition in the production of facial paralysis *a frigore*. Exposure to cold alone was not a sufficient cause, but there must be a nervous predisposition in the subject, cold acting as an exciting cause, like traumatism in the induction of hysterical contracture, or in the production of gout in the gouty subject. Hence it is not to be regarded as a rheumatic affection. Inquiries into the antecedents of 41 cases were instituted. Of these many were liable to chorea, migraine, convulsions, and spasmodic tic; insanity, general paralysis, epilepsy, hysteria, chorea and ataxy were met with in relatives. The neuroses, and not organic affections (with the exception of tabes), seemed to be the more

* St. Bartholomew's Hospital Reports, Vol. XXIV, 1888.