

UNILATERAL ANASARCA.—M. Potain has observed five cases of contusion over the renal region which were followed by anasarca of the same side. One of these was a lead workman who fell while carrying a heavy leadpipe. The end of the pipe bruised the region of the kidney, and was followed by albuminuria and anasarca of that side. Another, after a contusion on the right flank and exposure to cold and damp, had an œdematous swelling of the right cheek, extending gradually to the eyelids, and an ophthalmia of that side, accompanied by albuminuria. Mr. Potain concluded that a contusion of one of the hypochondria may give rise to catarrhal nephritis of the contused side, followed by a partial anasarca of the same side. This is opposed to the view generally accepted of the pathogeny of anasarca, and is probably due to the implication of the nervous system, especially of the great sympathetic. The late experiments of Brown-Séquard and the recent observations on a case of myxoedema lend some probability to this view.—*Gaz. des Hôp.*

ASTHMA.—THE CAUSE OF.—Ten years ago Leyden attributed the asthmatic paroxysm to irritation of the terminal filaments of the vagus nerve in the bronchioles and pulmonary vesicles by little sharp, colourless, octahedral crystals, which he had found in the sputa of asthmatic patients, and which had been previously described by Charcot and Robin, and go by the name of Charcot's crystals. Last year Ungar, of Bonn, taking up the subject, showed that the crystals were present in the sputa of every one out of 39 asthmatic patients under his observation; but he went further and determined that they were not always present in fresh sputum, but developed after keeping the expectoration three or four days in a moist atmosphere. He also found long thread-like, stringy masses, sometimes knotted and twisted up into little balls, of granular cells, the central and most degenerate of

which contained Charcot's crystals in abundance. Hence he concludes that these crystals are the product of cell degeneration, just as those found in leucaemic blood were shown to be by Zenker. The theory he advances to account for the paroxysm is:—The smaller bronchioles, having no cartilage in their walls, constantly vary in size with the movements of respiration, dilating or expanding in inspiration, and then contracting by virtue of the inherent elasticity of their walls. Their muscular fibre he regards as mere stays to prevent overstretching of the elastic tissue and incapable of producing a spasmodic constriction of the tubes. A plug of the above-mentioned exudation being in existence may suffice to completely block a bronchiole at rest; expansion of the bronchiole occurring inspiration air may pass by the obstruction, but the moment the action of the chest walls is relaxed the bronchiole returns to its former size, and the air is imprisoned. (Abstract from *N. Y. Med. Record.*)

OSSEOUS PAINS.—M.M. Charrin and L. Guignard conclude a study upon the pathogeny of certain osseous pains, as follows: In tuberculosis, in diabetes, and especially in osteomalacia, we observe clinically osseous pains; phosphaturia frequently co-exists. Etiologically, chemistry and experiment show us a tendency to the accumulation of acids in these diseases. It is allowable to suppose that in these different morbid conditions, it is the acids which attack the osseous tissue, its nerves and all its elements, dissolving its calcareous salts and thus give rise to the pains and the phosphaturia.—*Arch. de Méd. Gaz. des Hôp.*

PETRONEON SOLID PNEUMONIA.—The author states (*Lo Sperimentale*, Nov. 1882) that solid pneumonia was established as a separate variety of pneumonia by M. Grancher in 1878 (*Gaz. Méd. de Paris*). Six cases are recorded here: one by the author the others by Grancher, Brissaud, Beaumann