

Prout in considering the appearance of *albumen* in the urine, which is often met with, as an unfavourable occurrence. The prognosis of saccharine albuminuria is not so serious as is that of simple chronic albuminuria. The frequency of the occurrence of *phthisis* in cases of glucosuria is familiarly known. In all the autopsies the author has made, when the patient has not been cut off by an intercurrent affection, tubercles have been found in the lungs; and he feels convinced that many cases of *phthisis* have had their origin in a glucosuria that has been overlooked, and which might have been easily removed. In severe and old cases of glucosuria, *vision* is always found more or less enfeebled; but in most cases, when not of old date, as the condition of the patient has improved under appropriate regimen, this amaurosis has subsided. When indeed this is not the case, the prognosis of the glucosuria is serious: and it will often be found complicated with albuminuria. *Impotence*, more or less decided, is another effect of glucosuria; but in young subjects the generative functions resume their power when the original disease is rationally treated. Glucosuria may occur at any age, from infancy to senility: M. Bouchardat having met with most cases between the age of forty and fifty. He met with none between eighteen and twenty-five. Old age does not constitute an obstacle to cure; but so difficult is it to watch over children, that the author is not aware of a sustained cure prior to fifteen years of age. He has met with more male than female patients.—*Brit. and For. Medico-Chirurgical Review*, Jan. 1853, p. 141.

CASE OF ANEURISM BY COMPRESSION.

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[From a very important case of popliteal aneurism treated by compression, the following points would appear to have been established:]

1. That the main-trunk, supplying an aneurism sac, may be steadily compressed for more than three months without the obliteration of the vessel being obtained.
2. That the aperture establishing communication between the still patent artery and the sac (the latter being partly filled up by the fibrinous layers) may during the same period, remain open, in spite of compression exerted on the arterial trunk and sac.
3. That the current of blood so admitted has sufficient force to make the aneurismal tumour pulsate continuously.
4. That the sac, notwithstanding the impulse communicated to it by the artery, goes on diminishing in size, and becoming harder.
5. That all the pain and uneasiness connected with the aneurismal tumour may cease, although the pulsation do continue.
6. That the tendency for a twelvemonth is rather toward the decrease than the increase of the tumour.
7. That great disturbance of the sac and vessel producing inflammation and congestion, may so change the relation of parts, and so far favour fibrinous deposits and general adhesions, as to require compression on the main trunk but a short time for the complete obliteration of the latter, and the consolidation of the sac.

[In a second case, however, of the same disease, the features offered a striking contrast. The patient was a carpenter 75 years of age, tall and robust, and had always been of temperate habits. Three months before admission his leg and thigh had pained him for a few days, and a month afterwards, he found a small lump, the size of a plum, in the popliteal space. During the next two months the tumour had got gradually larger, so as to seriously impede walking.]

On admission, the patient's state was the following:—There is a strong pulsating tumour, partly in the right popliteal space, and partly lower down towards the gastrocnemius muscle. The swelling begins above, in