

ALBUMINURIA IN RELATION TO LIFE INSURANCE.—At the recent annual meeting of the Association of American Physicians, held at Washington, the subject of renal disease was dealt with by several members from curious points of view. One of the most practically interesting papers was read by Dr. James Tyson of Philadelphia, and referred to the significance of albuminuria in respect to life insurance. The writer pointed out that in certain cases candidates presenting this symptom might be accepted, although he would draw the line rigidly at those who, in their general health, in the fact that no casts accompany the albumen, in the small quantity of the latter, and the high specific gravity of the urine, present no evidence of structural kidney disease. When the specific gravity is above 1020, the assumption is that the albuminuria is functional; if it be 1010, it would be hazardous to accept such a case, however good his health may be, even in the absence of casts. Of course, evidence of cardiac hypertrophy with albuminuria would suffice to exclude the candidate; nor if a patient suffering from albuminuria were over forty years of age should he be accepted unless he has long been under observation. The subjects of true gout were also recommended as unfit, seeing their liability to renal disease.

ANTIPIRYN IN LARYNGISMUS STRIDULUS.—Montagu Percival, Medical Officer, Mount Bischoff Hospital, Waratah, Tasmania, says: I have had a series of cases (twenty-four in number) of laryngismus stridulus during April and May of the present year, of reflex origin, due to the sudden changes of temperature to which we are liable, with cold damp winds. I would wish to record the success I have had in treating these cases with antipyrin.

On the evening of April 4th, I was called to see a child, A. N——, aged eighteen months, with the usual symptoms of dyspnoea, with crowing inspirations, accompanied with convulsions. The treatment I then adopted was an emetic of ipecacuanha, to be followed with sedatives and hot flannels applied to the neck and upper part of the chest. The follow-

ing morning I received a message saying the child was no better, and that the difficulty of breathing had continued through the night. In a case of pertussis, with more than usual irritable cough, which came under my care a few months previously, antipyrin answered extremely well, and it was the benefits which accrued in this case that suggested the same treatment. I gave two-grain doses of antipyrin every hour, with the satisfactory result that the difficulty of breathing ceased and the child fell asleep. The same dose was then given every two hours, and the next day the child was running about well. With all the other cases I had the same result, with the exception of one, a child of four years and a half, in which I had to increase the dose to five grains before the paroxysms ceased. I cannot say whether the same result might be expected in cases due to direct or centric irritation, but I should undoubtedly give it a trial.

PARACENTESIS PERICARDII.—The patient, a fairly-nourished though anæmic-looking girl, aged 20, I found suffering from a very severe attack of rheumatic fever, and she had been ill for some days before I saw her. I found her sitting up erect in bed. The respirations were very rapid, about sixty-five to seventy in the minute; quick, irregular pulse; and the temperature high. The joints were much swollen. She was sweating profusely and suffering great pain, and was literally gasping for breath. It was pretty clear, therefore, unless something were promptly done to relieve her, she could not live long. On examining the cardiac region, muffled sounds could only be heard, and nothing was to be made out of the state of the heart for certain, although it was pretty evident she was suffering from endocardial or pericardial trouble. The apex of the heart appeared to be tilted up to and under the edge of the sternum, about one inch and a half above its attachment to the ensiform cartilage, and, as far as one could make out, it was close to the under surface of the bone. My partner, Mr. O. P. Hooker, saw the case with me, and we determined to perform paracentesis pericardii. This