

because the prognosis is unfavourable when this irregularity is perceptible to the patient, therefore that the course of events, if he be made aware of the fact at second-hand, is likely to be detrimentally affected. In the one case the gravity of the prognosis resides in the fact that the physiological disturbance is serious enough to excite the apprehension of the patient, whereas in the other the trouble is purely moral.—*London Hospital Gazette*.

The Minor Symptoms of Bright's Disease (Dieulafoy.) :—

1. Auditory difficulties, ringing in the ears and deafness. Mounier has sought to bring the vertigo of Meniere's disease into this category.

2. Numbness of the fingers or hand was noted forty-six times in the sixty cases.

3. Chilliness of legs and feet observed thirty-seven times in the sixty cases.

4. Pollakiuria is equally common.

5. Pruritus, likened to the sensation produced by a hair on the skin.

6. Epistaxis, especially in the morning and starting during sleep.

7. The sign of the (temporal) artery. The arterial system is tense, the vessels are bent and hard (without there being arterio-sclerosis), and this is shown especially well by the temporal artery.

Each of these signs separately has little value; but collectively are enough to form the diagnosis. —*Le France Medicale*.

Chest Pains.—These may be due to :

1. Intercostal neuralgia; tenderness at points only.

For neuralgia strap the chest and give arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

2. Rheumatism of the fascia, the whole region being tender.

Chest rheumatism is connected with beer-drinking. The salicylates are useless; alkalies of doubtful utility. The best remedy is water, drunk in enormous quantities.

3. Neuritis; circumscribed linear tenderness.

4. Acute pleurisy; chill, fever, friction sound.

5. Dry pleurisy; very common, relieved so surely by adhesive straps that this relief confirms the diagnosis.

6. Neuroma.

7. Aneurysm, may not cause pain, even if large.

8. Cancer.

9. Ataxia.

10. Spinal disease.

11. Bronchitic pain; calls for strapping and opium.

12. Myalgia; relieved by straps.

13. Mitral disease; rarely painful.

14. Aortic disease; generally painful.

15. Dyspepsia; diffusible, radiating pains.

16. Diabetes mellitus, in later stages; pain at centre of sternum. A bad omen.

17. Zoster; pain may precede eruption for days.

18. Angina pectoris.

19. A pseudo-angina, occurring in women; not relieved by nitrites, but instantly by chloroform.

20. Phthisis.

21. Syphilis.

22. Gout.

—H. M. BROWN, *Cinn. Med. Jour.*

The Cholera.—Under date of July 1st *The Lancet* gives the following account of the prevalence of cholera. There is not much to be added of a very satisfactory or reassuring character to our report of last week. Cholera seems to be widely distributed at the present time, although, if we except Mecca, it has not manifested itself with epidemic strength or severity at any particular place. In Europe it has been generally mild in form but persistent in character. At Mecca, however, the outbreak has been very severe and is still increasing with alarming rapidity. The deaths on June 25th numbered 455, and later reached even 1,000 a day. During the first ten days of last month 62,000 pilgrims passed through Jeddah alone, and further arrivals are still announced. As regards France, cases of cholera have occurred in the northwest, west, and south of that country, and the disease seems to have been widely distributed. The health of Paris keeps good, but not so that of other parts of France. For some time past cholera prevailed to a limited extent in Brittany, especially at Lorient and Quimper, and subsequently the disease appeared in Southern France. Cases of cholera, with the usual proportion of deaths, have occurred at Nîmes, Montpellier, Cetta, Bessèges,