

cially liable to be thus affected : sometimes only one limb or part of a limb suffers ; (7) cramps in the calves ; very painful, occurring chiefly at night, and waking the patient out of sleep ; (8) slight morning epistaxis ; (9) "electric shocks," a clonic convulsion occurring at the time of falling asleep ; (10) "the temporal sign ;" prominent tortuous temporal arteries due not to atheroma but to high tension. These minor symptoms may be present while well-marked symptoms of Bright's disease have not yet developed. Taken separately these minor symptoms have little significance, but when several are present their diagnostic value may be very great. They may exist at a period when no albumen is present in the urine, and in any case a patient suffering from Bright's disease is in danger not because he passes a little albumen in the urine, but because the kidneys fail to separate from the blood and excrete in the urine poisonous bodies, formed, as M. Dujardin-Beaumetz observed in the discussion, mainly by the liver. Bright's disease should be treated at any stage by attention to the diet. The earlier the existence of the disease can be recognized the greater the hope of lasting relief. M. Dieulafoy advocated resort to milk diet, M. Dujardin-Beaumetz to a diet poor in toxic substances, a diet from which meat, fish, shellfish, crustaceans, and game were excluded, that is to say, a vegetarian diet. In a few rare cases these minor symptoms of Bright's disease are due to syphilitic disease of the kidneys, and disappear in some cases under treatment by mercury and iodide combined, according to M. Dieulafoy, with a milk diet. In a certain proportion of cases of chlorosis these minor symptoms are present. Such cases resist ordinary treatment by iron, but yield to dieting ; in such cases albuminuria may or may not be present. If neglected or incorrectly treated well marked incurable chronic renal disease may develop. As to the

frequency of these minor symptoms observations were made on 60 patients ; the number of times they were present was as follows :—cramps, 46 ; auditory, 31 ; morning epistaxis, 34 ; dead finger, 33 ; electric shocks, 25 ; temporal sign, 14 ; vertigo, 43 — *British Med. Journal*.

INDICATIONS FOR WASHING OUT THE STOMACH.—Pick (*Centralbl. f. Therap.*, May, 1893,) relates how originally washing out of the stomach by means of siphonage or pumping was resorted to in cases of simple dilatation of the organ, and lays stress on the circumstances that the facilities of the modern method of siphonage have contributed a large number of suitable cases for this operation. As such he recommends all patients in whom food remains in the stomach for an abnormally long period, such deficient function of the organ being due either to simple dilatation or dilatation secondary to stenosis or stricture. In patients suffering from carcinoma of the pylorus, marked improvement in general health and nutrition will frequently follow periodical and regular flushing of the organ, this step being indicated in order to prepare the subject for any subsequent operation. Excessive secretion of mucus, owing to gastric catarrh, is frequently remedied by the same operation, and in these patients the gastric contents abstracted supply useful indications as to the advisability of adding alkalies, anti-fermentatives, or even hydrochloric acid to the injection. Similarly in catarrhal icterus, cholelithæmia, or uræmia, the stomach will frequently contain noxious substances, the removal of which will benefit the patient ; and, lastly, in many cases of chlorosis accompanied by atony, the latter condition may be primary, and give rise to the former by producing intoxication and subsequent anæmia. The author met with good practical results after the adoption of this treatment in several obstinate cases of this