

of rupture of the kidney, but not as a symptom by which to decide on operating. Not the visible loss of blood by the bladder, but the easily overlooked, but far more dangerous bleeding into the perinephric tissues, or into the peritoneal cavity, should receive the chief attention. If, then, a tumor form quickly in the lumbar region, an exploratory operation in the loin should be immediately made, and if the kidney be found hopelessly destroyed, or the hæmorrhage such as to require ligation of the renal vessels, nephrectomy should be practised.—*Brit. Med. Jour.*

**TETANY IN CHILDREN.**—Hauser (*Berl. klin. Woch.*) has investigated a number of cases of tetany, spasm of the glottis, and other diseases accompanied by spasm. In six cases of tetany with spasm of the extremities, the disease exactly resembled that of the adult. Spasm of the glottis occurred in all the cases, but was not

necessarily severe or frequent. Fits were only once completely absent. As regards Erb's symptom, the author agrees that the increased galvanic irritability is the most constant and important symptom of tetany. Trousseau's phenomenon was not absent in any case. It persisted longer than the spontaneous spasm. This sign may be absent, but when present it is pathognomonic. Chvostek's symptom was marked in all cases except one, where it was seen only in slight degree. The author says that this symptom is not pathognomic, and may be present in other children, but in its most pronounced form it is only present in tetany. Muscular irritability was increased in all but one case. The knee-jerks were mostly exaggerated. Most of the children were excitable, but the intelligence was unimpaired except in one case, where there was a slight degree of idiocy. A rise of temperature was only once noted. In only one case

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