right hypochondrium, sometimes constant, sometimes paroxysmal. If paroxysmal, the attacks may resemble gallstone colics. In nearly every case there are digestive disturbances, such as loss of appetite, eructation, constipation, etc. There is loss of weight, though not usually so rapid or so marked as in cases of malignant growths of this organ. Icterus may be acute or chronic, and in the latter cases are nearly always due to pressure on the common duct. The liver itself is always more or less enlarged; if due to gummata the surface is very uneven; if due to cirrhosis the organ is simply enlarged. Enlargement of the spleen is not constant. Ascites occurs in the later stages.

It is not possible to differentiate between malignant tumours of the liver and gummata by the consistence. If the disease has continued for a year or two without great loss of weight, and if there is any history of lues, the resistance may be attributed to this cause.

An increase of the eosinophyle cell speaks for syphilis. Care must be taken not to confound the diffuse syphilitic enlargement of the liver with the hypertrophic cirrhosis due to alcoholism. In the former, there is usually a history of syphilis and luetic manifestations on the body. The anti-luetic treatment acts promptly.

The chief point in treatment is the free use of the iodides, gradually increased from two to five grammes, for a period of several months.—EINHORN (*Archiv fuer Verdauungskrankheiten*, vol. viii, part 3).—*Interstate Medical Journal.*

THE CLASSIFICATION OF CHRONIC NEPHRITIS.

No serious attempt has ever been made to classify cases of chronic nephritis from the standpoint of etiology. Morbid anatomists and pathologists are far from unanimous in their descriptions of the various types or groups of this disease. And physicians are not always able to make a differentiation that is satisfactory from the clinical point of view, or that holds good in the light of post-mortem revelations. Yet it is important that we have some working classification, even though it be somewhat faulty and largely artificial.

The classification that seems the best is practically that of Senator. It is one that appeals to the clinician as well as to the morbid anatomist. The term "parenchymatous" can be used in place of "diffuse without induration," because, though not literally expressive of the true condition, which is more or less diffuse, it recognizes what is