

fission fungi and yeasts grow well, and often in a characteristic manner. Wesener describes the growth upon egg of cholera and Finkler-Prior bacilli, vibrio Metchnikovii, typhoid bacillus, *B. coli communis*, streptococcus pyogenes, *B. diphtheriae*, and other organisms. By some of the latter the medium is liquefied. Pigment-producing organisms grow well upon it. The slices of egg dry very slowly. Further advantages presented by this medium are its alkaline reaction, its richness in albumen, and the fact that it is unfavorable to the growth of moulds.—*British Medical Journal*.

**Exalgin as an Anodyne.**—In the *Lancet*, November 25th, Dr. Thomas D. Savill relates his results with exalgin given in various cases for the relief of pain of a neuralgic character. He finds that a convenient way of preparing it is to pour six ounces of boiling water on forty-eight grains of the salt, no separation occurring on cooling. One teaspoonful of this preparation contains one grain of the salt. From one to three grains were given every four hours, with relief of pain in each instance. No bad effects were noticed even in cases of phthisis or heart disease, and no symptoms of intoxication were seen in any case. He recommends that it should not be given when a febrile temperature is present, or in cases of constipation.—*Birmingham Medical Review*.

**An Unusual Cause of Renal Hæmorrhage.**—H. D., aged 36, laborer, shortly after lifting some pails of water on June 24th, 1893, was seized with pain in the right lumbar region and began to pass water of a dark porter color. On examination there was very decided fulness and marked tenderness over the region of the right kidney, and the urine on examination was found to contain a large quantity of blood. During the next week the symptoms remained unchanged, except that the amount of blood passed was distinctly intermittent in quantity. The microscope showed blood cells, large round and tailed cells, and ordinary squamous epithelium in great abundance. The symptoms seemed to point to malignant disease of the right kidney.

On July 6th, a fortnight from onset of the hæmorrhage, total suppression supervened, with

symptoms of uræmia, vomiting, muscular twitchings, and great drowsiness. Forty-eight hours later the patient died. He had been under medical treatment four months previously for chronic rheumatism. No disease of the kidneys at that time suspected.

**Autopsy.**—Both kidneys much enlarged, and their substance almost entirely converted into closely aggregated cysts. The right kidney was about the size of a cocoanut. A large hæmorrhage had taken place between the capsule and the kidney, dissecting off the capsule, and had burst into one of the cysts, which, in turn, had ruptured into the pelvis. The ureters and bladder were perfectly healthy.—WM. COLLIER, M.D., in *Birmingham Medical Review*.

**A Case of Thrombosis of the Basilar Artery.**—The patient, S. S., was admitted to the General Hospital under the care of Dr. Rickards on December 5th, 1893. He was then suffering from chronic bronchitis and cardiac dilatation, and was much cyanosed. Venesection was performed on the day following, twenty-one ounces of blood being abstracted, with considerable relief to the cyanosis and dyspnœa. The urine was acid and gave a light cloud of albumen on boiling; no casts were seen. During the following fortnight the condition did not vary to any extent, cyanosis being at all times a marked feature of the case.

During the morning of January 11th the patient was observed to be peculiar in manner and somewhat wandering. Shortly before mid-day he raised himself in bed and stretched across to the bed of the adjoining patient, a much greater amount of exertion than he had undertaken since his admission. About mid-day he suddenly developed convulsions and Cheyne-Stokes respiration. There was slight rigidity of both arms, with clonic spasms of the muscles of both arms and of both sides of the face; the convulsions being, however, most marked on the left side. The legs were not affected. The pupils were equal and reacted to light. The knee-jerk was present on both sides, as also were the superficial reflexes. One hour later neither superficial nor deep reflexes could be obtained. The patient was not insensible, being able to answer questions and to recognize people around him.