

importance, both as regards prognosis and duration of the disease, the prognosis being in general more unfavorable where streptococci are found, as it increases the length of the illness and adds to the danger of abscess formation and of secondary infection by tubercle bacilli. With the statement of Finkler that a streptococcus pneumonia is always a lobular pneumonia he does not agree. The cases that he observed appeared always to be lobar pneumonia. He believes that many cases recorded as true streptococcus pneumonia may really be cases of diplococcus pneumonia in which a secondary infection by the streptococcus has taken place.—*Medicine*.

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HÆMATURIA IN CHRONIC NEPHRITIS.—Dieulafoy (*Journ. de Med.*, March 10th, 1897) insists upon the importance of hæmaturia in the prognosis of chronic nephritis. After pointing out its frequent occurrence in acute nephritis, and its slight importance as regards the future, he shows that its appearance in cases of renal disease, already established, is of grave import. Thus a former pupil of his own, who was the subject of Bright's disease, maintained a high degree of health by means of strict attention to diet and climate for several years. Slight hæmaturia appeared one day, and he rapidly lost ground from that time. The author quotes similar cases, and from these he concludes that any appearance of blood, however slight, in chronic nephritis is the beginning of the end.—*British Medical Journal*.

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TYMPANITES.—Dr. M. F. Porter, of Fort Wayne (*Med. News*), concludes an interesting article on this condition as follows: (1) That intra-intestinal tympany in and of itself often kills patients suffering from abdominal and pelvic disease, and that it may do so in cases which are neither pelvic nor abdominal. (2) That tympany occurring in the course of any serious illness should be considered a symptom of ill omen, and that measures for its relief should promptly be instituted. (3) Failing to obtain relief by cathartics, posture, enemata, and the use of the rectal tube, celiotomy and incision of the gut should be promptly done. (4) In cases of general peritonitis and bowel obstruction, no trial should be made of other methods, but celiotomy and incision of the gut should be performed as soon as the diagnosis is made. (5) Puncture of the bowel should be carried out only in cases in which the patient is *in extremis*, and then only in cases such as typhoid fever without perforation, pneumonia, etc., which present no other cause for celiotomy than the tympany itself.—*International Journal of Surgery*.