ent upon a lowering of the pulse pressure which constantly occurs when the individual changes from the recumbent to the erect posture. The pulse pressure is the difference between the minimum and maximum blood pressure. According to Marey the arterial pressure consists of two elements, the one constant and the other variable. The variable element is that portion of the pressure that is included between the troughs and crests of the pulse waves, that is to say, it is the pulse pressure. The writers found that the pulse pressure of their subject with orthostatic albuminuria was under all conditions lower than that of the control healthy individual. They think that this may afford the explanation for the occurrence of albuminuria in the former when the erect posture is assumed. Their view as to the cause for the occurrence of orthostatic albuminuria is expressed in the following words: "It might be within the realm of possibility that, with the diminution of the pulse pressure that accompanies the change from the recumbent to the standing posture, the minimum pulse pressure at which normal epithelial cells can prevent the passage of albumin into the urine is passed."

SURGERY.

UNDER THE CHARGE OF

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Concerning Carotid Aneurysms.—MENDES (*Revue de chirurgie*, April 10, 1905, p. 466) believes that in the future the extirpation of aneurysms will render great services, but that the value of ligature and extirpation ought to be weighed. He reports 2 cases in which extirpation of the sac of an aneurysm of the right common carotid was performed with a cure in each.

The greatest objection to extirpation appears to be the difficulty of dissection. This, however, concerns only those of long duration, and is due to the resulting condensation of the cellular and muscular tissues and their adhesion to the sac, the distention, and the fusion of the nerves with the tumor, rendering the extirpation difficult and sometimes adventurous. The obstacles are not insurmountable, especially when the circulation is arrested by a preliminary ligature. A portion of the sac may be left when necessary. He believes that the treatment of choice in aneurysms of the primitive carotid is extirpation.

Concerning Intestinal Hemorrhages Consecutive to Operations on Herniæ in General.—SAUVE (*Revue de chirurgie*, April 10, 1905, p. 492) states that these intestinal hemorrhages are arterial or capillary in origin.