

potassium, which exerts a favourable influence on chronic enteritis; and arsenic or the bromides may be recommended on account of their action on the nervous system. The second form requires quite a different treatment. During the paroxysms, external derivatives (blisters and sinapisms) and antispasmodics (camphor, assafœtida, and ether) should be resorted to; and in the intervals, vapour or sulphurous baths, tonics, chalybeates, country air, etc. In the third form, the treatment must vary according to whether the disease result from gastric disturbance or some pulmonary lesion. But, in any case, one of the most immediate indications is absolute repose – and that more absolute, perhaps, than in this first form, if a cure of the affection is to be sought for.—*Med. Times and Gazette*, Nov. 20, 1880.

Occurrence of Albuminuria in Healthy Men.

Professor J. W. RUNEBERG, of Helsingfors (*Deutsches Archiv für Klinische Medicin*, Band 76, Heft 3 and 4), reviews at length some of the principal contributions which have appeared during the last few years to the solution of the problem of the clinical significance of albuminuria. The observations of Leube, Ultzmann, Moxon, Dukes, and Saundby have established the frequent occurrence of albuminuria in persons who do not present any other signs of kidney disease. A few years ago, such cases of latent albuminuria were regarded as instances of granular kidney, but their frequency makes this improbable.

Bull has suggested that the albuminuria indicated a Bright's diathesis or tendency to Bright's disease, and Johnson has stated that such cases, if not cured, pass on to organic kidney-disease; but this can hardly be considered as finally settled. The transudation of albumen, according to Runeberg, depends upon an abnormal permeability of the walls of the glomeruli, and this permeability in its turn depends upon the blood-pressure. As he has shown, the filtration of albumen through animal membrane is increased by low pressure and diminished by high pressure, so that the old dogma, that the amount of albumen is directly proportional to the pressure on the glomeruli, must be abandoned or reversed. It is well established that active muscular movements increase albuminuria, but this is probably due to the lowering of blood-pressure in the glomeruli, a circumstance which is indicated by the diminished secretion of urine, and is supported by the physiological experiments of Ranke, which show that, owing to the large amount of blood flowing into the active muscles, the internal organs have their blood-pressure lowered. Moreover, Bartels pointed out that in renal cirrhosis the albuminuria is greater in the day than at night, which he attributed to the increased pressure due to muscular exertion. But the amount of urine which admittedly stands in direct relation to the blood-pressure, is greater during the night than during the day.

Runeberg gives three tables, showing that the quantity of urine was almost invariably greater during the night than during the day, while the contrary was of the albumen, both proportionally and absolutely. But Leube, Moxon, and Fürbringer have stated that the urine passed in the forenoon is more albuminous than that passed in the afternoon or at night; and Runeberg gives a table showing this to be the case, but that the urine secreted during the forenoon is less absolutely, and less per hour, than that passed at the other periods. These facts, he contends, support his doctrine that albuminuria depends upon lowering of the blood-pressure in the renal glomeruli.—*London Med. Record*, Nov. 15, 1880.

Periodical Hæmoglobinuria.

Dr. OTTOMAR ROSENBACH (*Berliner Klinische Wochenschrift*, 1880, Nos 10 and 11) relates the case of a boy, aged 7, who, after a fall from a wagon, be