great lesson which experience of hæmorrhage before delivery ever brings us, viz., to stand very closely by our patient. We must watch her practically all the time, till the danger is over, or we must take active steps to effect immediate delivery. When in doubt, I have always followed the latter course, and it is the safest rule.

MYELOPATHIC ALBUMOSURIA.

MANY rare diseases tend to become common as the means available for their identification are more generally put into practice, and Dr. Paget Moffatt is probably correct in saying that Myelopathic Albumosuria is not so uncommon as it would appear. Most medical men are content to believe that the albuminoid bodies coagulable by boiling are the only ones of the kind with which the practical physician has any concern, and it is well to be reminded that this is not so.

The disease in question is characterised, as its name implies, by the presence of albumose in the urine, in association with marrow changes in certain bones. This albumose can be readily distinguished from serum-albumin—the commonest proteid constituent of pathological urines—by the fact that it is coagulated at a temperature of 60°C, dissolves again to a large extent as the boiling-point is reached, and reappears on cooling, while serum-albumin, once precipitated by heat, undergoes no solution as the boiling-point is approached. Similarly, when treated with nitric acid both are precipitated, but whereas the albumose is partly redissolved on boiling the mixture, the precipitation of the albumin is permanent. Therefore whenever an evanescent cloudiness occurs in the process of boiling an urine, the question of Albumosuria deserves to be brought to mind.

The symptomatology of the disease is obscure, but pain in the back and sides, with progressive feebleness and anæmia, are constant features. Spontaneous fracture of the ribs is frequent, and distortion of the vertebræ not uncommon. The conditions with which it is most likely to be confounded, according to the author, are:—1. Osteomalakia; 2. Lumbago and sciatica; 3. Spondylitis deformans; 4. Caries or malignant disease of the spine; 5. Pernicious anæmia; 6. Nephritis; 7. Chyluria (occasionally, when the albumose is spontaneously precipitated). It is a disease of the second half of life: nothing is known of the ætiology; no treatment has been discovered, and life is rarely prolonged for more than a year after the declaration of symptoms.

The pathological changes are limited to the skeleton, and the long bones usually escape, the brunt of the lesions falling upon the ribs, sternum, and vertebral bodies. In them are found multiple gelatinous new growths, consisting chiefly of lymphoid cells with little or no intercellular substance. The salient distinction between this formation and the commoner varieties of sarcoma, with which it conforms in many particulars, is the simultaneous invasion of several parts of the skeleton, with the absence of any tendency to metastasis in other parts of the body.

ŒDEMA OF THE GLOTTIS.

A DEATH from œdema of the glottis supervening on some septic condition of the neighbouring parts is an occurrence which is none the less unpleasant because

unexpected, and, as a rule, the tragic termination is not anticipated either by the practitioner in attendance or by the friends and relatives of the patient. As pointed out by Sir Felix Semon,¹ although the progress towards disaster is usually rapid, there is a resemblance among different cases that is sufficient to make a definite clinical picture which, if once appreciated, will perhaps enable the practitioner in a particular instance to recognise the danger threatening his patient in time to make preparation for the tracheotomy which may be urgently required. Whether the septic process commences as a tonsillitis, a glossitis, a pharyngitis, or as the so-called angina Ludovici, or in any other way, the symptoms which precede œdema of the glottis are commonly much the same. Early in the case there is dysphagia, and this is soon succeeded by complete inability to swallow. At this stage inspection will show simple congestion, infiltration, or even considerable œdema of the parts. In many cases a particularly bluish, sometimes almost dark-blue, colour will warn the observer that the case is not an ordinary sore throat, and that something serious may be developing. The patient now soon becomes hoarse, this hoarseness in turn rapidly passing into complete aphonia. A few hours after the development of aphonia, dyspnoea commences, and quickly increases, necessitating tracheotomy, often enough within 24 hours from the onset of the first symptoms. Unfortunately, in the really severe cases the affection does not cease at the larynx, so that tracheotomy is often of no avail to save the patient. It is very rare for infection to extend up into the naso-pharynx, nose, or meninges, the usual course being for the inflammation to travel downwards, causing pneumonia. When the larynx is the site of the initial lesion, the pharynx usually escapes altogether. The infection has a tendency to attack the serous membranes of the body, the pleuræ, the pericardium, and—more rarely—the peritoneum. A characteristic feature of these cases is that while development takes place so rapidly, retrogressive changes ensue with equally astonishing rapidity. The larynx which is obstructed by swelling on the first day may show merely a wrinkled condition of the mucous membrane on the second. For this reason, and also because the disease may become arrested at any period of its course as suddenly as it began, although every case must be regarded as extremely serious, it need never be looked upon as necessarily fatal. The chief hope of more successful treatment in the future lies with serum therapeutics; though at the present time only a small percentage of cases is benefited by antistreptococcus serum.

¹ Brooklyn Med. Jour., Jan. 1905.

THE CAUSATION OF CARCINOMA.

IF perseverance and determination have their usual reward the mystery of carcinoma should surely be approaching its term, for science is immune to the heart-sickness of deferred hope. So much has been said and written by the partisans of the cellular and parasitic theories respectively, that it is little wonder if plain men assume an impenetrable scepticism at sight of the above heading, but none the less the subject is of such paramount importance that no one can afford to neglect the main steps of current research in the matter.

The latest contribution comes from Dr. Ford Robertson and Mr. Henry Wade,¹ disciples of the