

or vessels, and apparently no alteration in the liver. This is a case of simple albuminuria, but, in order to say what its real nature is, a careful examination of the urinary secretion and a microscopical examination of its sediment will be required. This we have not yet had time to do. The probability is that, as the urine is of low specific gravity, and not diminished in amount, it is a case of interstitial nephritis, and not merely a croupous condition. It is essentially chronic in its course.

As regards the remedies, I shall apply here two which I have found very successful, and which I have repeatedly recommended. These are nitro-glycerine and the chloride of gold and sodium. The latter has the property of checking hyperplasia of connective tissue. The nitro-glycerine has been found by experiment to diminish decidedly the amount of albumen; it lessens congestion and limits the change going on in the kidney. Although nitro-glycerine causes dilatation of the peripheral vessels, it is still true that it relieves congestion. The area of dilated vessels in the kidneys is small as compared with the capillaries of the body, so that the mechanical result of dilatation of the arteries in general must be to relieve congestion of important organs.

This patient will begin with one drop of the centesimal solution of nitro-glycerine, three times a day, and one-twentieth of a grain of chloride of gold and sodium in combination with a simple bitter, as extract of *nux vomica*. Under this treatment decided improvement should be observed.

#### SPECIFIC DISEASE OF THE SPINAL CORD.

Here is another interesting case, but, as my time has almost expired, I shall have to go over it very rapidly. You notice the peculiar manner in which he stands when his eyes are closed. It is with difficulty that he can cross one leg over the other. The patellar reflex on the right side is well marked; on the left it is not quite so distinct. He has some pain in the calves of the legs. These first appeared ten weeks ago. He has never had any trouble in vision, and has never had double vision. The trouble in walking has developed within a year. He has nocturnal emissions. There is lessened sensation in the bottoms of the feet.

Now what is the explanation of the rapid development of this case, for these are in large part the symptoms of posterior spinal sclerosis? It has not been evolved in the ordinary manner. The symptoms have developed in an irregular way within the past twelve months. There must be some explanation of the rapid evolution of these symptoms and of their irregularity. This, I think, we find in the condition of the tongue. You see the characteristic mucous patches. In other words, this is a case of specific disease of the spinal cord.

As the spinal cord is in danger, it will be well to use mercurial inunctions in combination with the

internal administration of the green iodide, one-sixth of a grain of which, with one-fourth of a grain of the extract of belladonna, will be given three times a day. A little opium will be added if it is necessary. One drachm of mercurial ointment will be rubbed into the groins and inner side of the thighs every day, attention being paid to the condition of the mouth, as it is important to avoid salivation, for these cases do better if the mercurial impression is not carried so far.—*Col. and Clin. Record.*

#### ABDOMINAL SECTION IN DISEASE OF THE UTERUS.

Abstract of a lecture delivered at the Jefferson Medical College Hospital, September 15, 1884 by Lawson Tait F.R.C.S.

##### OVARIAN TUMOR.

Here is a patient who, as far as I can see, is the victim of a disease which is very common with us and I suppose as common with you. At first sight, it looks like an ovarian tumor. The first thing which attracts my attention is a scar from a puncture, and here I see the remains of another puncture of an older date. I next notice the uniform shape of this abdomen. There is a symmetrical uniformity about this abdomen which is suspicious. When you see a perfectly uniform enlargement of the abdomen, begin by suspecting that it is not due to an ovarian tumor. The chances in such a case are greatly in favor of one of three things. In the first place, pregnancy, which you must always eliminate; in the second place, a small tumor with malignant growth and ascitic effusion, which is the most likely of the three; and, in the third place, the presence of a parovarian tumor. I next place my hand on the tumor,—and here let me give a caution. When you are dealing with abdominal disease either for the purpose of diagnosis or treatment, you cannot be too gentle in your manipulations. If at all rough in your manipulations, the first thing you do is to frighten the patient and obscure the diagnosis. The abdominal muscles will be contracted, and you will not be able to learn a great many things which it is desirable that you should learn. If in treating abdominal disease you handle the parts roughly, you run a risk of doing harm. I touch the abdomen gently and I have already learned a good many things. I learn, in the first place, that this certainly is not pregnancy, although I knew that before. I learn, in the second place, that it is not a parovarian tumor. I learn, in the third place, that it is probably a small tumor with a large amount of ascitic effusion. I feel in the lower part of the abdomen a semi-solid mass, and above this a mass which is not solid. Our business is to