

phadenoma. Such cases are progressive, going from bad to worse, and, ultimately, if not properly treated, have but one ending. Is this a case of that kind? At this stage it is almost impossible to say. It may be enlargement of the glands due to strumous disease. I am inclined, for two reasons, to doubt this. In the first place, there is no evidence of strumous disease in any other part of the body, and, in the next place, there is enlargement of the spleen; and the spleen is not only enlarged, but it is firm. Then the characteristic progressive anæmia is not wanting.

Lymphadenoma is a constitutional disease. The gland elements undergo the changes known as hyperplasia and hypertrophy—enlargement of existing elements and formation of new elements.

Various measures have been proposed for the relief of this disorder. It has been suggested that the hypertrophy of the glandular system may be arrested by the extirpation of those first affected. It has been found that if the glands be removed early, the disease being limited to one group, we can prevent its spread beyond the glands first involved, showing that there is something generated in the first set of glands which undergoes multiplication and which gradually affects the glands of the body generally.

The treatment must be both systemic and local, the latter being the most important. Internally, probably more good has been done by phosphorus than by any other remedy. It is best given in $\frac{1}{10}$ grain doses, dissolved in a drachm of cod-liver oil, three times a day. Good effects have also followed the use of the syrup of the iodide of iron and manganese. These may be given in combination with the phosphorus. I have found ergot to do great good in a case now in my hands.

As I have said, the most important part of the treatment is the local treatment. The best local remedy is injection of arsenic into the affected glands. The amount of arsenic said to have been used in some cases is almost incredible, as much as thirty to sixty drops of Fowler's solution having been injected at a time. In practicing the injection, ether spray or a piece of lint moistened with chloroform, is applied, to benumb the skin. The hypodermic needle is then inserted and a few drops of Fowler's solution thrown in. The injections should be practiced on alternate days. Various other things have been used locally. Injection of iodine has been employed, but it is much more painful and less efficacious than arsenic.

What is to be done for the enlarged spleen? Our German colleagues are in the habit of injecting arsenic into the spleen. They do this with apparent impunity and with great apparent good. I might enumerate many other remedies but the most important are phosphorus with cod-liver oil, and the injection of arsenic.

PARENCHYMATOUS NEPHRITIS, PROBABLY SPECIFIC.

The interesting cases now presented have such characteristic symptoms that you can almost make the diagnosis at a glance. The first patient is a woman, 47 years of age. The arteries are atheromatous. The tension of the vessels is very high. This is due not only to the deposit of calcareous matter, but also to hypertrophic thickening of the muscular layer in the walls of the vessels. Observe the expression of the face. The lips are bluish and the face is more or less swollen, and there is some difficulty in breathing. Examination of the heart shows that there is more or less atheromatous degeneration of its valves. Notwithstanding the fact that there is no distinct lesion of the lungs, she has at all times difficult breathing. This is not an ordinary case of asthma. There is also a peculiar cough. There is no reason to suspect hepatic derangement.

Examining the urine, we find that it contains albumen. The specific gravity of the urine is low, the amount of solids excreted small, and the quantity diminished. There is general oedema. There are uræmic asthma, and also headache and other symptoms indicating uræmia. Such is the morbid complexus. The patient has a well-marked eruption on the left chest and mamma. This has a peculiar appearance, and makes me suspect specific disease. There are also cicatrices about the mouth, which have the appearance of having been healed under the action of iodide of potassium. In other words, the kidney lesion is probably of specific origin.

Such being the conclusion, the treatment necessarily follows. As, in all probability, there has been no thorough specific treatment, we shall begin with the green iodide of mercury, in one-eighth of a grain dose, four times a day. If this acts on the bowels, a little opium will be combined with it.

Something must be done to relieve the suffering organ by derivation, either by purgatives or diaphoretics. We shall act upon the bowel in the present instance with compound jalap powder, in drachm doses, every morning. This has an effect, by reflex action, to increase the flow of urine. If this is not enough, pilocarpin, in sufficient amount to act energetically on the skin, will then be given.

INTERSTITIAL NEPHRITIS.

Here is another disease of the same kind, but of a different origin. This woman has not the expression of ill health seen in the other. She is not so pale, notwithstanding the fact that her urine contains a larger amount of albumen. The first woman has been made prematurely old by the specific trouble and the remedies used to relieve it. This patient has general oedema, which, however, is not considerable. The feet are swollen at night and the face is puffy. There is no change in the heart