

cases, accompanied with much debility, there seemed to be a tendency to return of the disease on discontinuing the remedy. I was thus led to use the iron, alternately with the acid, as a blood-restorer. To prove that iron was not the sole active agent in the cure, I can but point to the many failures of iron as a local application in the past treatment of diphtheria; whereas, with the salicylic treatment, I have not known one single case of the pellicle spreading under its use.

I append the form I use:

R. Acidi salicylici . . . 3 i vel. 5 ij.
 Syrupi simplicis . . . 3 iv.
 Mucilaginis tragac . . . 3 i.
 Tinctura aurantii . . . 5 iv.
 Aquæ. q. s. ad . . . 5 vi.
 Fiat Mistura
 Capiat . . . 5 iv, 2 dis horis.

ACHING KIDNEY. - J. Matthews Duncan, M. D., L.L. D. (*Medical Times and Gazette*), says, this disease is sometimes, both in men and women, very easily recognized. There are aching in cases of what is called floating kidney. The patient can put her hand on the lump, and say, "Here is the pain," and there is no difficulty in recognizing the disease. But there are some cases in which the disease is very difficult to identify. In pregnancy, for instance, right or left hypochondriac pain is very frequent. In many cases I have been able to be quite sure, from the history before and after pregnancy, that the disease was not to be classified in the vague way that is implied in giving it the name of hypochondriac pain, but that it was really a case of aching kidney. In pregnancy you have the very opposite conditions to those in floating kidney. If pregnancy is advanced, you can not get at the kidney to feel it and identify its position. Here I may remark that, while the disease often occurs in pregnancy, yet some women who are liable to it do not suffer while in that condition.

The disease in women is not a rare one, and its characters are the following: One or other kidney is the seat of pain. It is not a neuralgic pain; it is a heavy wearing pain deep in the side. It is in the region of the kidney; and in many cases, as I shall presently tell you, you can easily identify it as being in the kidney itself. It is not generally, that kidney-pain which is a familiar symptom of calculus. In such cases the pain is the pain of the pelvis of the kidney. You have in the region of the small ribs a boring or a nail-like pain. Patients with aching kidney generally point to the hypochondriac region, not to the back, as they often do in cases of calculus in the kidney. This pain is frequently accompanied by pain in the corresponding lower limb, referred most frequently to the course of the sciatic nerve, sometimes to the course of the anterior crural. The pain is often accom-

panied (and you will find this of importance throughout all the subjects of this lecture) by irritability—I do not say disease—of the bladder; and it is frequently accompanied by pain in the region of the ureter corresponding to the kidney affected. This pain is not rarely present only during the monthly periods. When it is present only during the monthly periods it may be classed with that disease, which is very ill defined called dysmenorrhea. It should never be placed there unless you wish to use the word dysmenorrhea in a very wide sense. If we use the word as including aching kidneys, we might as well use it as including headache—a use which would be in accordance with what is extensively done by writers. This disease, however, often eludes the examination of the physician, because it occurs in many cases only during the monthly periods. In all cases it is then aggravated. I do not think I have ever seen a case in which the patient did not volunteer the statement that the pain was worse at the monthly time.

It is not usual to find both kidneys aching; and I guess—I can use no stronger word—that the left kidney is much more frequently the seat of disease than the right one. You are not left in your diagnosis in all cases merely to identification of the seat of the pain, although that may be sufficient. Frequently in the region of the pain you can find distinct fullness; that is a very important condition that I have not time to explain to you. It can scarcely be made out in a fat woman; but in many cases this condition of fullness over the affected kidney is easily recognized. In addition, swelling of the kidney or of the suet, or of both, is not rarely to be made out. The physical examination of the kidney is too much neglected. It is not in floating kidney only that you can feel the organ. In many women who are not nervous, yielding themselves freely to examination, and who are not fat, you can feel the kidney with distinctness; and in cases of this kind you can frequently make out as I have said, that there is a swelling of the kidney or of the suet, or of both. There is also generally tenderness, sometimes great tenderness.

The treatment is to be conducted on the general principles applicable to the therapeutics of neuralgia or slight hyperæmia; and these two conditions are not so very remote from one another as may at first sight appear. A neuralgia sounds as if it were something quite different from a hyperæmic condition; but that has to be proved. The remedies I have found of most service in simple cases of this kind are tonic regimen and tonic medicines, especially iron in the form of the tincture of the perchloride combined with mild diuretics in small quantity, and especially the common sweet spirits of nitre.

QUININE.—Milk disguises the bitter taste of all the cinchona alkaloids; 1 grain to the ounce of milk, being almost tasteless of the quinia sulph.