

to demand active antipyretic treatment. We will continue the use of the iodine and attend to the proper dietetic management; and if the temperature goes above 104° at any time he shall have the antipyretic regimen, giving him from twenty to thirty grains of quinia in the evening, and graduated baths to keep the temperature down below this point, repeated as often in the twenty-four hours as may be found necessary. If the diarrhoea should prove troublesome it will require attention. As long as its discharges are not more than two or three a day it is not necessary to interfere; but if they go beyond this he shall have—

R. Liq. potassi arsenitis, gtt. ij.
Tincturæ opii, gtt. iv. M.

To be repeated as often as may be needed.

This is one of the best means of treating the diarrhoea of typhoid fever that we have at our command.—*Medical and Surgical Reporter.*

A. PSEUDO TUMOUR OF THE ABDOMEN.

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Mr. H., a powerfully-built, fleshy man, aged seventy, in comfortable circumstances, came to me early in June, in 1878, seeking relief from a dropsy of the legs, and general debility. His temperature was normal; his complexion pale and pasty; his face puffy; and he was short of breath. His pulse was rapid and feeble; his appetite variable; his digestion deranged, vomiting being frequent. Diurnal micturition occurred often, and his sleep was broken by repeated calls to the urinal. The amount of water passed was stated to be normal, or but little augmented. Headache was of almost daily occurrence, and was frontal in its location. He had a slight but noticeable bronchitis. Hearing was defective, but this antedated the urinary symptoms. The vision was much impaired, and sometimes it was insufficient to enable him to read; sometimes the letters seemed doubled, sometimes blurred. The bowels were in the main constipated, and attended with pain in evacuation, but not infrequently diarrhoea or dysentery supervened. Mr. H. had

always led a temperate, indeed, an abstemious life, and his liver evinced no signs of derangement. The spleen was normal. The heart was somewhat irregular in its action, losing a stroke every six or eight, or twenty or thirty beats, without uniformity, and there were present evidence and history of valvular insufficiency of long standing. There was, however, no ground for charging the dropsy to the disability of the heart. The patient had been "complaining" for six or eight years. He had hemorrhoids forty years. More or less dysuria had existed three years. Three months before consulting me, coincident with a severe cold, swelling of the legs was observed. This steadily increased, giving much inconvenience by weight, pressure on the skin, and stiffness of the knees.

Suspecting albuminuria and discovering no special cause for the disease, the patient was put on bromide of potash, ergot, iron, and milk diet, and elaterium was given to remove the serous effusion. Large watery discharges followed the elaterium, and the leg symptoms diminished satisfactorily; but in a few days decided mental aberration came on, in consequence, possibly, of the elaterium or the ergot. I have known it brought on by each of these medicines, and both were discontinued.

A careful analysis of the urine, to my surprise, failed to discover any albumen, sugar, or other abnormal constituent. The water was found limpid, and excessive in quantity.

The patient was now stripped and submitted to a minute search for abnormalities which might account for his troubles.

In the lower portion of the abdomen a round tumour as large as a three-year-old child's head was discovered. It was immovable, solid, fibroid in feeling, and painless. The thick abdominal walls interfered greatly with the sense of touch. Mr. H. and his wife both declared the tumour had never before been suspected. It was the wife's custom to assist her husband in his bathing, and he had often complained of discomfort on pressure and rubbing of the abdomen during the process of ablution, but no swelling was perceived. At my request Dr. Coleman Rogers was called in consultation. On hearing the history of the case, he, like myself, suspected albuminuria until the analysis of