

Having completed the removal of the mass, the flap of peritoneum, which had been formed by enucleating the tumour, was raised up and spread out, the edges of its peritoneal surface being brought into apposition with the edges of the peritoneum in the abdominal incision and retained by sutures.

There was thus an apron of peritoneum closing in the peritoneal cavity, and converting it again into a shut sac. All cut surfaces, bleeding points, ligatures, etc., were now extra-peritoneal. The abdominal wound was closed in the ordinary manner, except that the needles were not passed through the peritoneum. With the usual, after treatment, the patient progressed to perfect recovery.

Selections : Medicine.

UNDUE ARTERIAL TENSION.

High arterial tension is not to be measured by a certain number of grammes or ounces of pressure employed to elicit a characteristic sphygmographic trace ; it is a relative, not an absolute term. Ultimately, the measure of the tension in the arteries is the force of the systole of the heart, but modifying influences of extreme importance are introduced by the peripheral circulation. Under normal conditions, the relation between the force of the heart and the outflow by the capillaries is such, that the artery gradually subsides under the pressure of the fingers in the intervals of the pulse ; and the chief characteristic of unduly high tension is, that the vessel remains full between the beats. For our present purpose, then, it may be taken that high tension exists whenever the artery is full between the beats, so that it can be rolled under the fingers like a tendon in the wrist. To appreciate this condition, three fingers should be placed on the vessel, when it will be found to stand out, not only during the wave of the pulse, but in the intervals ; and, as has just been said, it can be rolled transversely under the fingers, and can also frequently be followed for some distance up the forearm, feeling almost like the vas deferens. This having been recognised, other points must then be ascertained. The force of the

pulse-beat and the degree of actual pressure in the blood-column may vary. This will be approximately estimated by the pressure of the fingers required to flatten the artery and arrest the wave—onc, two, and all three fingers being employed, and the pressure being varied several times. Very frequently, the force needed is unexpectedly great, and a pulse which at first seems to be weak may really be extremely powerful. Again, the artery may be either large or small ; sometimes, it is distended and dilated to its full capacity ; at others, it is firmly contracted upon the contained blood. It is in these last cases that the pulse is apparently weak, its force only being appreciated as the attempt is made to extinguish it. Finally, the pulse-wave may be long or short ; usually it is long, and dies away gradually under the finger ; but not uncommonly, all other characters of tension being present, it is short, a change of very great importance, as it usually indicates dilatation of the left ventricle and incipient failure of the heart.

I have said nothing about the sphygmograph, because, were I to enter upon a description of the sphygmographic trace, I should have to devote much time to qualification and discussion, which would only be appreciated by the few who work much with this instrument ; and, after all, the educated finger can tell us everything revealed by the sphygmograph, and more. When, after the general neglect of the indications furnished by the pulse, terms were required to describe the different conditions again brought out by the sphygmograph, all these terms were found ready-made in the writings of Galen. Fortunately, there is nothing of real importance in the pulse which cannot be readily distinguished by the busy medical man in his daily work.

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Conditions of Arterial Tension.—We may proceed now to the enumeration of the conditions under which arterial tension arises, most of them being such as are attended with accumulation in the blood of imperfectly oxidised nitrogenized waste.

1. Renal disease of whatever kind, except acute suppurative pyelitis, and nephritis, and perhaps tuberculosis and amyloid degeneration is attended with high arterial tension, due to the imperfect elimination of urinary constituents. So characteristic of disease of the kidney is the pulse of high