

case of acute nephritis, and also ordered an anodyne diuretic; fluid diet bland and non-stimulating. On examining the urine it was found to be in color between eight and nine on Vogel's scale, sp. gr. 1033; heat and nitric acid showed it to contain about 33 per cent of albumen, but, from all symptoms, considered the coloring and albumen to be due to the presence of blood.

I saw her again in the afternoon, when she showed me some eight ounces of apparently normal urine; this puzzled me very much, more so when on examining it I found the sp. gr. 1018, a very faint trace of albumen, the color being about between five and six on Vogel's scale. Towards evening she again became gradually worse and had a repetition of the symptoms described as occurring on the 4th, terminating as usual by the passage of a small quantity of dark-colored urine. The only change in her general condition was that her stomach was becoming more irritable, rejecting nearly everything; her tongue was dry and brown, and her weakness from continued loss of sleep, vomiting, and diarrhoea, most marked. The urine passed at the termination of this paroxysm was unfortunately not preserved, but I obtained some from the succeeding micturition. This I took to Dr. E. St. George Baldwin, who reported that it contained a large quantity of amorphous urates but no albumen; under the microscope a considerable number of granular casts and one hyaline were found, crystals of hæmatin but no blood corpuscles. I told him in full the history of the case, when he suggested the strong probability of it being a case of paroxysmal hæmatinuria, he having seen one case of this rare ailment in Edinburgh, the crystals of hæmatin in the first urine voided after the dark urine, indicating almost with certainty that to their presence was due the dark coloration of the urine with which each paroxysm terminated; the color of the dark urine, moreover, according far more with the probable presence of hæmatin than with that of blood. I therefore gave a more favorable prognosis to the patient and her husband, who were getting very anxious. I suspended the poulticing of the loins, stopped the diuretic and gave the following:—

R. Ferri et. quiniæ cit. ℥ii.
 Liq. strychniæ ℥iss.
 Tr. calumbæ ℥i.
 Syrp. limonis ℥i.
 Aq. rosæ ℥vi. ℥.
 Sig.—℥ii. et aq. ter die.

I also gave instructions to carefully save for microscopical examination the dark-colored urine, which I felt positive would appear at the close of the diurnal attack next morning, as I wished to obtain, if possible, more complete proof that the coloration of the urine was due to the presence of hæmatin in quantity, though no doubt of the correctness of the view has existed in my own mind, since the discovery of the hæmatin, in small quantities, in the urine as stated above. In this, however, I was to be disappointed, no return of the paroxysm having returned since the 9th.

In conclusion, I would draw attention to four chief characteristics in this case which render it interesting.

1st. The occurrence in a woman, the affection being almost entirely confined to men, only one case in twenty, recorded by Roberts, being that of a woman.

2nd. The great length of paroxysms considered individually, none of the cases I have been able to find giving any account of paroxysms lasting twelve to eighteen hours before relief by the voidance of the dark urine.

3rd. Each paroxysm causing but one evacuation and that so small in amount.

4th. The peculiarly rapid response to the tonic treatment which has been found so effectual and is so highly recommended by Roberts, Bristow, and others, although requiring generally considerable time before its effects are made manifest. The patient is now, one month after first attack, completely convalescent and engaged in her ordinary household duties.

A SIGN OF PERITONITIS.—In peritonitis following operations for hernia, ovariectomy, etc., patients lie constantly with their arms raised. When the inflammation is at its height the hands will be clasped behind the occiput. The object is to lift all pressure from the distended bowel by fixing the diaphragm, thus making all breathing thoracic.