

is tapped and from 3 to 10 c.cm. of fluid are withdrawn by means of a glass syringe; then, after making sure that the fluid is not purulent, the needle is withdrawn as far as the cellular tissue and the fluid is reinjected under the skin. (2) *The method of large subcutaneous or intravenous injections*: By this method the fluid may either be aspirated afresh for each inoculation, or it may be stored in aseptic and hermetically sealed vessels, each containing enough for one dose; by this latter means the patient is spared the discomfort of a number of abdominal punctures; but there is the disadvantage that the stored fluid becomes in some way altered, and sometimes gives rise to considerable febrile reaction. The injection of freshly aspirated fluid is free from this objection, and by the use of novocain the discomfort is reduced to a minimum. The dose is from 200 to 500 c.cm. Whichever method is employed injections must be made at intervals of from two to seven days, and it is important to combine the treatment with a milk or chloride free diet. Autotherapy has been used in all varieties of ascites, and the only absolute contraindication to its use is purulence of the fluid. The method of small subcutaneous injections may always be tried first; it generally fails in cases due to cirrhosis, but, on the other, hand, it is the only method admissible in tuberculous ascites. Large intravenous injections may succeed in cases due to cirrhosis after small subcutaneous injections have failed, but such injections must on no account be used in tuberculous cases for fear of setting up a general infection.—*B. M. J.*, Feb. 3.

GOUTY ALBUMINURIA.

Rathery (*Journ. des prat.*, October 28th, 1911) discusses this subject. He does not include under this heading cases of chronic nephritis with arterial hypertension, but a less known group of cases which suffer from gouty albuminuria properly so called. The patients are for the most part young people, who have only had one or two attacks of gout. The urine is diminished in quantity, high in color, rich in salts, uric acid, and urates, and contains a large quantity of albumen. But the condition is intermittent and cyclic, being most marked at ten or eleven in the morning and three to four in the afternoon. There is no arterial hypertension in these cases, nor ventricular hypertrophy. Often enough there is no hypotension. The liver is usually found to be hypertrophied, and is tender on pressure. Renal permeability appears to be little affected. Certain authors, while admitting the existence of the condition, affirm that there is a renal lesion, although of a specific type, and insufficient to damage the renal epithelium seriously. According to this