CLINICAL MEMORANDA.

INTERMITTENT ALBUMINURIA.

À PROPOS of Dr. Morley Rooke's note on intermittent albuminuria, and his reference to Dr. Moxon's paper, which I have not yet had an opportunity of reading, I should like to make a short record of a case of this affection that not long ago came under my observation. A gentleman, about thirty years of age, believing himself to be in good health, applied to me for a certificate to that effect; on examination, I found his urine contained a notable quantity of albumen, together with small hyaline casts. I declined, under the circumstances, to give the certificate, and this gentleman remained under my notice for some months. The administration of tonic remedies, especially perchloride of iron, with small doses of strychnine, led to the disappearance of the albumen for a time. Two or three months afterwards, this gentleman reappeared, complaining of again feeling weak and out of sorts. The specimen of urine which he brought with him, and which he had passed on getting out of bed in the morning, contained only a small amount of albumen; in that, however, which he passed in my consulting-room there was a considerable quantity. Some of that which he passed on getting up the next morning contained no albumen. I then asked to have three specimens of urine saved for me the following day: first, from the urine passed on rising in the morning; second, from that passed when he came in from his morning walk about noon: and third, from that passed two or three hours after dinner (at 7.30, with a pint of claret). The first specimen, that passed on rising, contained a trace of albumen; the second, that passed after walking, contained a considerable quantity; and the third specimen, passed two or three hours after dinner, contained none; and so on other days. My inference from this case was not unlike that which Dr. Rooke drew from the case to which he refers, except that I did not regard bed as the most appropriate remedy. It seemed to me to be a case of vascular asthenia. After the loss of energy involved in muscular exercise, the normal relation between the blood and the walls of the renal capillaries became so disturbed that a leakage of albumen followed; after rest in bed, and still more completely after the stimulus of food and wine, the tendency to this leakage disappeared. The vascular asthenia may itself be dependent on some temporary deficiency or disturbance of nerve-force.

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CHRONIC INTERMITTENT ALBUMINURIA.

DR. ROOKE'S note of this affection immediately struck me as being in every sense analogous to a case which I have closely watched. Five years ago, at the age of seventeen, I discovered albumen in the urine. I was led to make an examination of it by noticing a little puffiness of the upper eyelids after rising in the morning. I have examined the urine hundreds of times since then, and never once did I find a trace of albumen in the matutinal evacuation, although in the day I have found considerable quantities. The health has remained exceptionally good throughout, except for about two or three days every month or six weeks, when languor and heaviness are complained of, with a dull con-continuous aching pain in the loins, which might be produced by hypostatic congestion of the kidneys. There have been none of the characteristic symptoms of Bright's disease; the skin is quite clear and healthy in colour; there is no nocturnal evacuation of urine. There is an increase of flesh, and but for the feelings of "malaise" periodically, the patient should be as well as possible; but yet, in the daytime, he still passes albumen, which always gives me a little anxiety. I am interested to notice that this affection has been observed by others, as I used to think my case unique.

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ASTHENOPIA OCCURRING IN WOMEN ABOUT THE CLIMACTERIC PERIOD.

WHILE perusing, with much interest, the cases reported under this heading by Mr. C. Higgens, and while fully admitting that his own experience clearly pointed to the conclusions at which he has arrived, I feel impelled to state that my own experience tends to show that his opinion, that this form of eye-affection is peculiar to women about the climacteric period, is erroneous; for not only have I met with many similar cases in young women under thirty years of age, and in which there was no disturbance of the uterine functions, but I have also met with a very few in young men.

I quite agree with Mr. Higgens in believing this form of asthenopia to be independent of error of refraction, as I have met with it in cases emmetropic under the influence of atropine (four grains to an ounce); and in some of my cases slight myopia, and in others slight hypermetropia, has existed; nor do I believe the asthenopia to be in the internal recti, or in the ciliary muscle, but due to exhaustion and irritability of the retina; as in many of my cases no "insufficiency of the internal recti" has been apparent, and they have most of them reaped no benefit from *plus* glasses, with or without prisms combined (with the bases inwards). In many of my cases, there has been much blinking of the lids and intolerance of light, demanding the constant use of dark (smoke) glasses; and in many the pupils have been much contracted, and in all I have been satisfied that hyperæmia of the retina existed; and in the worst cases the engorgement of the retinal vessels (especially the veins) was very marked; nearly all have been persons of very nervous and irritable temperaments, and in most cases the condition seems to have been brought on by much close application of the eyes, combined with worry and anxiety, and has been complicated by sleeplessness at night, etc.; other symptoms pointing to irritability of the central nervous system,—nocturnal emissions in one case,—though I am bound to admit that, in some hysterical and nervous women, I have been unable to find any obvious existing cause.

Two of my male cases were young medical men, who had worked hard for professional examinations. In both, hyperæmia of the retina was marked; in both, no error of refraction could be detected, though atropia (four grains to an ounce) was many times instilled; in both cases, relief was long delayed; both subsequently settled in London, where my observations were confirmed by leading ophthalmic surgeons. Both cases, like all others I have seen, got well ultimately; though one case was over two years in recovering.

I have at the present time two ladies under my care as private patients; one is about thirty-three years of age; and I think it only fair to say that one is a young lady about twenty-four, who, I am informed by her medical man, is also suffering from ulcer of the os uteri.

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THERAPEUTIC MEMORANDA.

CASE TREATED BY HYPODERMIC INJECTION OF MERCURIALISED PEPTONE.

SEEING Dr. Buzzard's cases of hypodermic injection of mercurialised peptone in the BRITISH MEDICAL JOURNAL of September 28th, I thought it might be interesting to record one case of early secondary syphilis, which was treated in this way in the female department o the London Lock Hospital. The mercurialised peptone was the same as that used by Dr. Buzzard; viz., one grain of corrosive sublimate in one hundred minims of the peptone, manufactured by Messrs. Darby and Godson.

Sarah C., aged 18, was admitted under Mr. Buxton Shillitoe's care on March 20th, 1877, suffering from a full and general eruption of roseola and severe psoriasis on the arms and upper part of the trunk and thighs. The eruption was very obstinate, and did not yield to blue pill and opium, perchloride of mercury, the green iodide of mercury, or iodide of potassium. No effect being produced upon the eruption by these drugs, on August 10th, 1877, I injected ten minims of the mercurialised peptone into an arm every day, changing the arm at each injection. Marked benefit was soon produced, the eruption fading, and the gums became slightly tender. At the end of a fortnight, the injection was given every other day till September 11th, when the activity of the eruption had subsided, leaving stains behind which very soon disappeared under the internal administration of the green iodide of mercury and local application of red iodide of mercury ointment. Hard nodules presented themselves at site of every injection; we were afraid that one or two were going to suppurate, owing to the extreme pain they produced and the size of the swelling, but they gradually subsided; the nodules have been very persistent, one remaining to the present time, and it is still painful on pressure. This patient has been continually under observation up to the present time, and has had no relapse of the eruption, but suffers from an ulcerated tongue.

We are of opinion that there are cases which might be benefited by this treatment, but it presents a drawback in leaving the hard painful nodules at the site of injection.

The action of mercury was undoubtedly obtained in this case, her gums presenting the characteristic appearance, and the breath having a mercurial fœtor.

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