

attract attention. The sore is well washed with water and dried before the iodoform is applied, and the surface is lastly protected by a bit of dry lint. When the secretion is abundant, the dressing must be renewed twice daily, but in three or four days the amount of discharge becomes so scant that one dressing per diem suffices. In this way Mr. Hill finds venereal sores heal quickly. Pain subsides at once; the sore is well in a week or ten days, and the chances of consecutive inoculation or bubo greatly lessened.—*The Doctor*.

CLINICAL LECTURE ON BRIGHT'S DISEASE CURED BY JABORANDI.

Delivered at the Pennsylvania Hospital, by
J. M. DA COSTA, M.D.,

Professor of Practice of Medicine in Jefferson Medical
School.

A. W., æt. 55, single. Admitted on March 20th. Has never suffered from rheumatism, and has never had any specific disease. Has always been regular in her courses. The patient states, most positively, that she has been perfectly well all winter, and that her illness only began one week prior to her admission. She then noticed that being exposed to the vicissitudes of the weather, her feet and then her face began to swell. Finally, a general anasarca came on. She had, at the same time, some loss of appetite, with gastric pain and cough. When she was admitted to the hospital, her whole body was greatly swollen, and she was somewhat feverish; the temperature in the mouth being 99°. The heart was beating feebly, or rather the sounds of the heart were feeble. She complained of pain and weight in the pit of her stomach, and of considerable dyspnoea. She passed but little urine. There was no heart murmur to be heard, although we made a very careful examination of that organ. The tongue was clear, and the digestive disturbance not much marked.

What was the cause of the dropsy? A clue was at once afforded us by an examination of the urine, which was found to contain an enormous amount of albumen; the albumen, when precipitated, filling at least one-third of the test-tube. The microscope taught us that the urine also contained blood corpuscles, epithelial and hyaline casts and a few oil drops. Most of the casts were, however, epithelial.

I at once diagnosed the case as one of acute Bright's disease—Bright's disease complicating acute renal dropsy. All this was self-evident. Only one doubtful point remained to be cleared up. Was, or was there not, prior organic disease of the kidneys? This was at first hard to determine off-hand. We had to wait until the acute attack had passed away under the proper treatment. The presence of casts and blood corpuscles in the urine seemed

to answer the question in the affirmative at that time.

To-day we have the best of reasons for concluding that no disease of the kidneys pre-existed. The case has ended in perfect recovery. The abnormal constituents of the urine have almost entirely disappeared. This case has been an extraordinary one, on account of the patient's very rapid recovery.

And now you will, of course, want to know what our treatment has been. How we have brought it about that in the course of two weeks after her admission the patient is entirely recovered. The general dropsy, albumen in her urine, and dyspnoea all gone together. I ascribe all my success in the treatment of this case to the free use of jaborandi. Five days after the jaborandi treatment was begun, the whole face of the case was changed. The dose I ordered was one drachm of the fluid extract of jaborandi thrice daily. This dose produced excessive diuresis and diaphoresis. I am convinced that in jaborandi we possess a most valuable agent for combating the dropsical complications of Bright's disease. It should be given either in the form of the infusion, or the fluid extract. In cases where uræmic poisoning is a factor, and where the drug is consequently not well borne by the stomach, I have administered jaborandi by injecting it into the bowel. Though the effects of the drug when injected were not so striking as in the present case, I yet see no reason why it should not be given by the bowel as well as by the mouth. I have also tried the drug hypodermically, but I prefer not to speak positively at present of its effects when so used. In one instance I will say that it did produce considerable irritation of the skin.

How are we treating this woman, now that the dropsy has all gone? She is taking dialyzed iron internally and hypodermically. This treatment is improving vastly her general health and nutrition.

The origin of the disease in the present case is a very common one. It was brought on by cold and exposure. In children, acute Bright's disease generally follows scarlet fever. In adults it usually comes on immediately after exposure to dampness and vicissitudes of weather.—*New York Hospital Gazette*.

HOW TO GET RID OF A BLACKENED EYE.

If one is so unfortunate as to get hit on a peeper, it is said that the effects can be removed within two or three days in the following manner: If there is much pain, foment the parts continuously with simple hot water until it ceases, and then keep the contusion constantly wet with the following lotion:

R. Muriate of ammonia.....2 drachms.
Vinegar.....2 ounces.
Water.....2 ounces. M.