

40 cases of subacute and chronic bronchitis with unvarying success. One case was peculiar, inasmuch as it was associated with asthma and had been under treatment of many physicians, and without relief. I consider it of sufficient interest to relate.

Miss A., an American, æt. 19, consulted me on 17th November, 1894, with the following symptoms well marked. She said that in the previous spring she had an attack of la grippe, which kept her in bed for three weeks. As convalescence set in she had a relapse which developed into a pneumonia, during the course of which she came near dying. Her convalescence was very tedious and she was left as sequelæ, a chronic cough which, on examination, I found was chronic bronchitis, all of the symptoms being present. At the time of my first visit she was in bed, well bolstered up with pillows, and, on inquiry, I found that it was impossible for her to lie down, from the persistent attacks of asthma from which she suffered.

She was anæmic, emaciated, little or no appetite, a persistent cough with but little expectoration. The bowels were constipated, and all of the organs seemed to be in a generally disordered condition, without being actually diseased. Small doses of calomel soon relieved the portal circulation and the bowels were kept regular by simple laxatives. Stearns' Wine of Cod-Liver Oil was administered, at first in teaspoonful doses four times a day, gradually increased to a tablespoonful three times a day. It was not long before a change took place, the first symptom to be relieved being the asthma. She could sleep better, and gradually the pillows were withdrawn, until she slept as others do in the recumbent position. Soon the cough began to lessen, the appetite to return, and in two months' time she had entirely recovered. Aside from the calomel and the laxative, she did not take another thing in the way of medicine during the whole period of my attendance.

This case, while possessing some points of unusual interest, is not, in the main, unlike many others which I have treated with this preparation and with such unvarying results, that it has become almost a routine.

In phthisis, it relieves the symptoms and lessens the strain upon the general system. I have used it with great advantage in cases of simple chlorosis.—E. E. Stilwell, M.D., in *New England Medical Monthly*.

ALBUMINURIA DURING PREGNANCY.—In a paper on this subject, Dr. Harry G. Utley (*American Journal of Obstetrics*) says that albuminuria is simply an indicative symptom. Its

meaning and import must be determined by the gravity of any coincident pathological renal condition (as shown by the urinary examination) and by the presence and degree of severity of the general manifestations of kidney disease. The treatment, therefore, is to be directed to the condition or set of conditions with which the albuminuria is connected or with which it is dependent, and its permanent disappearance will signify that the harmful processes or conditions with which it is related have become inoperative. Most naturally the therapeutic indications are suggested almost altogether by the condition of the kidney, the amount of elimination it can probably do, and the probable amount of noxious substances in the body to be eliminated, which latter condition can be made evident only the signs of uremic intoxication. It every instance it is wise to curtail the further production of toxin by restricting the amount of nitrogenized food. An exclusive diet of milk seems to fulfil the indications admirably, serving at the same time as a mild diuretic. The author has frequently seen albumin disappear altogether by the use of this measure alone. This result would seem to add some force to the proposition that albuminuria is often due to the presence and influence of these toxic materials. Excellent results may be gained by employing a mixed diet of foods poor in nitrogen, viz.: bread, butter, fruits preserved or fresh, vegetables in limited quantities, etc., of which only a sufficient quantity to sustain nutrition should be taken, for any excess has to be eliminated by an already over-worked kidney. This measure greatly relieves the kidney and puts it in position to more effectually and quickly recover. Further, if circumstances demand or even justify it, the elimination of the harmful materials may be both hastened and accomplished by the use of the other emunctorial channels—the bowels and the skin. The indications for using one or both of these, as well as the degree to which their functions should be stimulated, must be suggested by the merits of each individual case. They should in all cases be kept active. The bowels may be "appealed to" with very satisfactory results by the frequent administration of the compound jalap power, say in drachm doses every other morning, or any of the hydragogue cathartics, which will be found especially useful. As to the skin, its action may be encouraged by resorting to the hot bath, the steam bath, the hot-air bath, or the hot pack. The employment of the medicinal diaphoretics, especially pilocarpine, is not indicated except as a last resort, and even then the use of this agent should be extremely guarded, for the reason that pulmonary edema is very often the result and the burden of cardiac depression is put upon the patient,