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Original Communications.

CASE OF CHRONIC BRIGHT'S DISEASE TREATED BY NITRO-GLYCERINE.

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On account of the intractable nature of Bright's disease, the discomfort and danger of extensive dropsical effusion, and the obstinacy with which, at times, it resists treatment, we are always ready to welcome a new drug which promises any chance of success. Nitro-glycerine was first used medicinally by Dr. Hering, a homœopathic physician of Philadelphia; it has lately attracted considerable attention, and has been employed with marked success in cases of migraine, asthma, angina pectoris and epilepsy. Its action is similar to that of amyl nitrite, and it is used in similar cases. In November last, Dr. Robson of Leeds wrote to the *British Medical Journal*, advocating the use of nitro-glycerine in acute and chronic Bright's disease, and detailing several cases in which it had been employed with advantage. He

employed a one per cent. alcoholic solution, in doses of one to three minims every three, four or six hours as required; when the urgent symptoms subsided, he added the muriated tincture of iron in doses of fifteen to twenty minims. Dr. Robson claims that in Bright's disease nitro-glycerine rapidly reduces vascular tension, softens the tense corded pulse, relieves labored and difficult breathing, augments greatly the quantity of urine, raises its sp. gravity, and rapidly removes anasarca. He thinks that it is particularly useful in the condition of arterio-capillary fibrosis described by Drs. Gull and Sutton.

I tried nitro-glycerine last winter with marked benefit in a desperate case of Bright's disease which had resisted most of the ordinary methods of treatment, and was at the time rapidly sinking. My patient was a man 48 years of age, an old soldier, a hard drinker, and one who had undergone much exposure to wet and cold. He had a tubercular deposit in one of his lungs, had suffered for months from cough and night sweats, and had several mild attacks of anasarca during the past two years. Towards the close of September last I attended him for an acute congestion of the kidneys, the result of a heavy spree and exposure to cold. The acute symptoms soon subsided, but the urine remained highly albuminous, and œdema