ale , at her daily work as best she can. Three weeks after getting her feet wet, became restless at night, with constant frontal headache; bad appetite; obstinate constipation; a puffiness of the eyelids; grew steadily worse up to six or eight days ago, when she seemed to be swollen all over; abdomen prominent, and feet and ankles markedly enlarged. Hoping to be benefitted by rest and proper medicines, she comes to the hospital. Attracted by her pallid face, puffy eyelids, general anasarcous condition, etc., the very first thing we do is to examine the urine. It proves to be of a light straw color, faintly acid, specific gravity 1030, and about one-fourth its bulk albumen.

Tongue coated, gums spongy, mercurial fetor of breath; no marked cardiac trouble; but the first sound of the heart is weak, as if this organ shares in the constitutional debility. No pulmonary symptoms of abnormal action. Under hospital treatment has improved somewhat. This morning the urine has a specific gravity of 1020; faintly acid by litmus test; by heat becomes quite turbid; should estimate the albumen at one-third the bulk. Nitric acid scarcely changes it. By carbolic acid test, which is a new and very delicate test, we prove conclusively the presence of albumen. This test is by dropping into the urine a few drops of the following solution:

℞ Carbolic acid;
Acetic acid; *aa* f ʒj.
Alcohol (by weight) ʒij. M.
Ft. Sol.

The mere presence of albumen is not sufficient; we should also ascertain the quantity, for it has a strong bearing on the diagnosis and prognosis of the case.

A most valuable aid to us in this class of examinations, is the microscope; and nowhere more so than in suspected Bright's disease. Before making a microscopical examination, let the urine stand at least eight hours. In the present case were found numerous hyaline tube-casts, epithelial cells, white blood corpuscles. here and there a little granular matter, but no fat. Now, what is this case? Acute Bright's disease. When acute, both kidneys are always affected. They are swollen, congested until recently, and now exudation from tubules is taking place, and some blood passing along into the urine. Is there any degeneration of the kidney yet? No. How do I know? By results of the chemical and microscopical tests, which show large hyaline tube-casts, blood, undegenerated epithelium, no oil. As a rule, we find neither red nor white blood corpuscles, when degeneration has commenced. We are also justified in diagnosing Bright's disease when chemical re-agents show urine of high specific gravity, and a large amount of albumen.

Treatment.—Insist upon *rest in bed*, here. I shall teach you differently of chronic disease. When an organ is undergoing desquamation, this is important. If there is blood in the urine, carry your ideas of acute disease far enough to draw a few ounces from over the kidneys by dry cups or leeches, etc.

Diet.—A form of diet that will leave as little as possible to be excreted by the kidneys. Milk, beef-tea, soft boiled eggs, arrow root, raw meat, oysters, etc.

Exhibit quinine, about grs. vj every day, for the debility. Promote sufficient flow from the kidneys to prevent accumulation of urinary salts, by small doses of bi-tartrate of potassa—ʒj three times daily. Also, administer tr. digitalis, ten drops, daily. Insist upon *rest in bed*, and nourish freely, without stimulation.

Dec. 11th.—No very good result to report; swelling of the legs persists; has good appetite and better color, but the constipation is obstinate. The cream of tartar has failed to act as a cathartic, and she has taken oleum ricini. Urine not increased; had passed fʒxxjv in twenty-four hours, but notwithstanding the diuretic treatment, has come down to fʒvij. Under these circumstances, substitute Rochelle salt, ℥ss daily, and insist upon drinking more fluid. She has an intense aversion to water, and drinks very little. Ought a great amount of fluid to be insisted upon? It is my decided opinion that a person with Bright's disease ought to drink largely; except in that frightful form of contracted kidney, where there is a small secreting surface. But in the early stages of the disease, *insist* upon it. Why? Because the tubules will be clogged with albumen and exuding cells, and they must be washed away, else you will favor the degeneration of the kidney. Hence, this case teaches us the practical lesson, that a large amount of drink should be given. What of her dislike of water? Give infusions. She is now taking an infusion of chammomile,—lemonade or orangeade might be given. It is the *fluid* we want. If the Rochelle salt does not act, double the dose. You will ask, why not give her more stimulating diuretics? Because they are dangerous. They should never be given in Bright's disease, except when there are convulsions and when urination must be established at all hazards. One more practical point; ought she to take iron? Yes; she is now taking Basham's mixture, a tablespoonful three times a day, in which she gets about gtt. xxx of tr. ferri chlor.

Yesterday the total amount of urine passed in twenty-four hours was fʒ xviij. Bulk of albumen,