

5th was restless, and had headache, vomiting, and nose-bleeding.

On admission, puffiness of eyelids, moderate œdema of feet and legs, headache and vomiting. Passed 28 ozs. of urine in 20 hours; dark, smoky, large amount of deposit; sp. gr., 1015; albumen abundant. Microscope gave casts, hyaline and epithelial, and many free blood cells. Heart beat strong; a soft bellows murmur in 4th interspace, close to sternum. Had mustard and linseed poultices to loins. Next day cupped, and ordered Liq. Amm. Acet. and Inf. Digital.  $\bar{a}$  ʒii every four hours. By 9th, vomiting, nose bleed, and headache had stopped; œdema less; urine more abundant, 35 ozs. of same characters. Ordered hot air bath every evening. By 11th, urine 61 ozs., still dark, but not so bloody. Hot air bath has acted very well. General symptoms improved. On 13th, 65 ozs. of urine, smoky, but not very dark; contains less albumen; very few casts; œdema gone. Temperature which has ranged from 100 to 100.5°, is now normal. On 18th hardly a trace of albumen, about 62 ozs. daily, still a little smoky; granular casts. Hot air baths to be stopped, also the Digital. and Liq. Amm. Acet., and Basham's Mixture (Tinct. Ferri Muri., Acetic Acid and Liq. Amm. Acet.) substituted. On night of 20th, not so well; not so much urine, 40 ozs., and darker; many granular casts. Improved until April 9th, to which date urine ranged from 40 to 65 ozs.; sp. about 1010. On April 11th, urine again a little reddish and albuminous; child appears quite well, but is a little feverish. Went out on 13th. A few days ago she came to report herself as continuing well.

CASE III.\*—James B., æt. 23, a well-built labourer. Admitted April 26th, with dropsy. Nothing of note in family or personal history. Has been working on the railroad. One Sunday, about three weeks ago, he went with some comrades to a village seven miles distant and drank heavily. On returning to the shanty that night he was unable to keep up with his companions, and laid down on the snow for some hours, until his friends returned for him. The next day he had a slight chill with pains

in the back and in the left side. These continued for three or four days, and he then noticed that his face was puffy, and the hands and legs began to swell. He does not remember about the urine; thinks he passed as much as usual. Had no vomiting, no headache. On admission, feet and legs œdematous, the left more than the right; face swollen. Nothing special detected in examination of heart and lungs. Tongue coated; appetite impaired. Urine—amount for first 24 hours in which it was collected, 46 ozs.; brownish red color, smoky, acid reaction; sp. gr., 1016; contains a large amount of albumen, and on microscopical examination presents red blood corpuscles and numerous casts of which three varieties have been detected—(a) hyaline, with a few scattered granules; (b) epithelial casts, or rather cylinders with round cells, resembling leucocytes; (c) blood casts, composed chiefly of red blood corpuscles. Of these the delicate hyaline casts have been most abundant. For four days we kept him in bed, on a light diet, without any special treatment and since that date he has had a couple of jalap powders to keep the bowels loose. The œdema of the face is gone, the legs are less swollen, while the amount of urine is about the normal, containing very little blood and less albumen; the urea, however, is diminished. The man has been able to walk upstairs and has done remarkably well.

You will notice that these three cases present a striking uniformity in the chief symptoms—alterations in the character of the urine, with dropsy; hence the appropriateness of the old term, Acute Renal Dropsy.

Let us now briefly review the affection, as illustrated by our cases. *Ætiology*—It is a disease of early life; the great proportion of the cases are in persons under 20, and as the years increase, the less frequently it is met with. The case of Prof. ———, who, nearly ten years ago, at the age of about fifty, had acute nephritis, and in whose continued good health we now rejoice, is an instance of the occurrence of this disease at an unusually late period of life. *Scarlet fever* and *cold* were the causes which prevailed in our cases, and these obtain in the majority of individuals attacked. It is one of the most dreaded sequelæ of scarlet

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