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Original Communications.

CHRONIC BRIGHT'S DISEASE.

A Clinical Lecture delivered at the Montreal General Hospital, December 8th, 1885.

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GENTLEMEN.—The patient now before you is 42 years of age, married, and a father. He is by trade a blacksmith, and has been much exposed to heat and sudden chills. His temperament is decidedly strumous, and there are on his legs and arms cicatrices of old ulcers, which I believe were of a strumous character. For the past twenty years he has been a hard drinker, going very often on protracted sprees, though at times he would sober off and not touch liquor for several months. His drink was at first whiskey, but being told that gin was better he took it instead. For the last couple of years he returned to whiskey. His appetite was always bad, but when on sprees would not eat at all, and very little for a considerable time after. About two months ago he noticed that his feet were swollen at night, but that in the morning the swelling was gone. This continued for two or three weeks, when the swelling in the legs increased, and, although lessened by rest in bed, did not disappear in the morning as formerly. Then he noticed that his abdomen was swelling, and that his face on the side on which he slept was swollen when he got out of bed in the morning. About a month ago he came to the Out-door Clinic, and there presented the following condition as taken down by Mr. Punchard,

my clinical clerk: Both legs swollen, up to about three inches above the knee; pressure by the finger causes deep pits; abdomen swollen and tense. Tapping the abdomen with the fingers causes a distinct wave to be communicated to the hand placed flatly on opposite side of abdominal parietes. Scrotum swollen to about the size of an ordinary child's head at birth. Penis all but lost in the swelling; face pale, flabby, and swollen, especially so in the loose areolar tissue under each eye; slight headache; exertion causes slight breathlessness; bowels regular but motions are costive; pulse soft and about 70 per minute. Hepatic dullness if anything slightly decreased. Passing about an average amount of urine, which is of a deep amber color. On examination the urine was found of a sp. gr. of 1030, acid in reaction, and to contain about 60 per cent. of albumen. I placed him on a mixture of liquor ammonia acetatis, tincture of the muriate of iron and tincture of digitalis. The first constituent was given in large doses, so as to act freely on the skin. I was rather afraid of this patient continuing as an out-patient, exposing himself, in his visits to the Hospital, to the cold wind of this season of the year, and advised his coming into Hospital. As he declined, however, I gave him directions to clothe his body very warmly when he visited the Hospital and to select mild days for his visits.

Those who saw him down stairs will to-day notice a marked improvement. The swelling in the legs is not half what it was, the swelling on the scrotum is entirely gone, and the puffiness of the face, as well as its pasty character, have all but disappeared and, in its place, there is a more healthy hue of the skin. The headache is also better, though