

CANADA

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CLINICAL LECTURE.

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BRIGHT'S DISEASE.

Here is a case, gentlemen, that possesses several points of interest, and will afford me the opportunity of making some practical remarks. This man offers a past history of exposure and a reckless life, so that when he came into the hospital, suffering with an acute attack of kidney disease, we were justified in supposing that he had a chronic, latent Bright's disease, and that his present illness was an acute exacerbation of his chronic disease. He came to us with great and rapidly-increasing anasarca, his urine was dark and thick. The general symptoms, the constitutional derangement, were not so great as one would expect to find in cases where the kidneys were evidently so much deranged as the localized symptoms (the dropsy and the condition of the urine) would indicate that they were in this case, and this fact lent additional force to the view that the present attack was an acute exacerbation of a chronic condition, for it demonstrated to us that the system had created a tolerance of the pernicious influence of the disease, which could only have been caused by a long existence of the disease in a latent condition. It is a fact that in those who are the subjects of chronic Bright's disease, acute attacks of the same may supervene without causing anything like that amount of systemic perturba-