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## Original Communications.

### CLINICAL LECTURE ON ACUTE BRIGHT'S DISEASE.

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Delivered at the meeting in the Summer Session.

GENTLEMEN,—Since I took charge of the wards you have had opportunities of studying three cases of acute nephritis, and to-day I propose that we shall go over them together, and see what lessons we can learn about this important affection. And first let me remark that under the common designation *Morbis Brightii*, several separate diseases must be distinguished; a good natural classification is as follows:—

I. Acute Bright's disease, acute parenchymatous nephritis.

II. Chronic Bright's disease.

- (1) Chronic parenchymatous nephritis.
- (2) Interstitial nephritis.
- (3) Amyloid disease.
- (4) Mixed forms.

The cases are briefly as follows:—

CASE I.—*Scarlet fever—Acute renal dropsy—Death.*

W. M., æt. 13. Admitted Feb. 9th, under Dr. Ross, with dropsy and shortness of breath. Was healthy a year ago. Had mild scarlet fever, and some time after it began to have severe headaches, and the feet became swollen in the evenings. In November he quit school and has been laid up ever since. Dr. Blackader, under whose care he was, states that the chief symptoms have been, up to the date of admission, headaches and dropsy, which sometimes

would become general. Urine has been albuminous, and contained blood and casts. When admitted, was pale, and had œdema of feet and legs; no fluid in abdomen; slight dullness, with râles at right base. Urine scanty, 6 ozs., smoky; sp. gr., 1020; contained much albumen, finely granular and epithelial casts, with blood cells. T., 99.5; P., 132; R., 142. Ordered milk diet, and Liq. Amm. Acet. ʒii, with Inf. Digital, ʒii every four hours, and a few days after pilocarpine, one-eighth of a grain, which produced salivation and copious sweating. By the 17th the swelling of the legs had subsided, but eyelids were puffy; urine clear and more abundant, 50 ozs. Up to the end of the month, patient varied; on the 22nd urine was again bloody, and the loins were cupped; pilocarpine continued at intervals. Early in March was not so well. General œdema came on, with great oppression of breathing. A systolic murmur has been heard at apex for a couple of weeks. Hot air bath caused much restlessness. The urine varied much; was at times very bloody and again clear. On the 17th the œdema became more intense; urine scanty, 14 to 15 ozs.; much albumen. Was taken home on the 22nd, and died about the 1st of April.

CASE II.—Mary C., æt. 8. Admitted March 6th, under Dr. Ross, with severe vomiting, headache and slight swelling of feet and legs. Taken ill on 4th, two days before admission. Child had scarlet fever over a year ago; recovered completely, and has been strong and well since. Had mumps three weeks ago. On above day (4th), had been out and exposed; complained of boots being tight; legs were found slightly swollen. On the evening of the