

and perfectly unconscious; pulse intermittent; pupils unequally dilated; power of deglutition lost, and the urine and stools passed involuntarily. Diagnosed it to be apoplexy, and prescribed accordingly. He died about twenty-four hours afterwards.

Case 2.—Miss T., aged 16 years, was seized with severe headache on the 18th February. Being neighbours to the above family, and dreading a similar case, they sent for me immediately. On arrival I found the patient complaining of severe pain in the head, conjunctiva congested; tongue coated; pulse 100. Ordered cold applications to the head. Hydrarg. sub. mur. x grs., to be followed an hour after by ol. ricini i ʒ. A solution of brom. pot. xx. grs. to the ʒ; a tablespoonful every three hours.

Feb. 19.—Had passed a restless night; pain in head still intense but intermittent. Complaints of the pain running down the back of her head and along the spine, thence shooting through her limbs. Has some difficulty in turning her head, and it seems to be somewhat retracted. Diagnosed cerebro-spinal meningitis.

The treatment adopted was brom. pot. and tr. digitalis. The preparations of opium, the most preferable of which I found to be the pulv. ipecac co; a cathartic every second day; blisters from the rectum down along the spine; a light nutritious diet.

Miss T. recovered in four weeks.

Cases 3 to 8. Ages 6 to 12 years—only one male. Treated as case 2, and recovered in from one to three weeks.

Case 9.—Miss T., aged 16 years. Case similar to and treatment same as No. 2, but when convalescence had apparently been established, she was seized with a relapse and died in fifth week.

Case 10.—Miss H., aged 15 years. Disease severe. Treatment, pulv. ipecac co, cathartics, and early applications of emplastr lyttae. Convalescent in second week; improper food twice occasioned a relapse, but she subsequently made a good recovery.

Case 11.—Child 7 months. Treatment, syrup. pot. brom. tr. camph. co, blisters. Died third day.

Remarks.—Case 1, instead of being apoplectic, had probably been cerebro-spinal meningitis in its congestive and most malignant form. Cases 2, 9 and 10 were somewhat less severe in character, and the remaining cases were still a shade milder.

Of the remedies prescribed the pulv. ipecac co. stood foremost. Given in the evening in doses of x. to xv. grs., the patient passed a comfortable night; but if omitted, the night was spent in a restless, sleepless state, and dawn found the

patient feverish and delirious. If in this condition x. grs. of Dover's powder were administered both the fever and delirium vanished. Cathartics were generally given every second morning, and on the night preceding their administration, a few grs. of hydrarg. sub. mur or hydrarg. cum creta.

The bromide alone produced no perceptible effect, but when given in conjunction with the pulv. Dov. seemed to increase the calmative and anodyne power of that drug. In case 10, no bromide was used; quinia was tried in one or two cases, but seemed only to aggravate the symptoms. Of local applications I found the emplastr lyttae, frequently repeated, the most beneficial. Cold, either in the form of douche, icebag or compress, was in the majority of cases neither agreeable to the sensations of the patient nor productive of any relief.

Progress of Medical Science.

ON THE TREATMENT OF ACUTE AND CHRONIC BRIGHT'S DISEASE.

By George Johnson, M.D., F.R.C.P., Physician to King's College Hospital, Professor of Medicine in King's College, London, etc. [British Medical Journal.]

I adopt the definition given in the *Nomenclature of Disease* published by the Royal College of Physicians: "Bright's disease is a generic term, including several forms of acute and chronic disease of the kidney, usually associated with albumen in the urine, and frequently with dropsy, and with various secondary diseases resulting from deterioration of the blood." The term Bright's disease is nearly, but not quite, synonymous with renal albuminuria.

The causes of renal albuminuria arrange themselves in two main divisions:

1. A mechanical impediment to the escape of the venous blood from the kidney, as from disease of the heart or lungs; the pressure of dropsical fluid in the abdomen; sometimes probably the pressure of the gravid uterus.

2. An abnormal condition of blood is by far the most frequent cause of albuminuria. Thus albuminuria occurs not infrequently as a result of scarlatina, diphtheria, erysipelas, typhus and enteric fever, pyæmia, cholera, measles, purpura, gout, etc. The albuminuria which sometimes occurs during the early stage of pregnancy is probably a consequence of blood changes associated with that condition; while that which occasionally follows parturition is, in all likelihood, a result of absorption of septic materials from the uterus.

Thus, albuminuria may result from a primary mechanical hinderance to the movement of blood, or from a primary change in the quality of the blood. On the present occasion I shall exclude from consideration that class of cases in which albuminuria is