

Eggs, especially the whites of eggs, increase albuminuria, and ought to be excluded from the diet of those suffering from Bright's disease. The same is true of certain salt water fish.

Diuresis is produced by alkaline waters and ptisans. But cardiac lesions, so frequent in Bright's disease, render necessary the use of cardiac remedies. In the first rank of the latter comes crystallized digitalin, in doses of from one to two milligrammes. It is prudent not to use this medicine two days in succession, but to interrupt it for several days, so that its elimination may be complete.

Caffeine is recommended in gramme doses, especially by way of injection. Salicylate of theobromine is less active, even in three gramme doses. Strophanthus and squill are to be rejected on account of their irritating action on the kidneys. In the case of arterio-sclerosis, iodide of potash gives good results.

Revsives over the lumbar region are very useful, especially in the period of renal congestion. Repose in bed, well covered, is to be recommended in preference to vapor baths, which might prove dangerous. Walking is not to be advised. It is rather harmful, though in a less degree than cold and moisture.

Senator, of Berlin, says: "I recognize the inability of medicine to combat albuminuria. Iodide of potash, though evidently without effect in parenchymatous nephritis, is perhaps very useful in the interstitial form coincident with sclerosis of the arteries, hypertrophy of the heart, etc." Here, evidently, the nephritis is secondary, and the iodide is able to cause the albuminuria to disappear, diminish the polyuria and secure prolonged remission. Semmola, Leyden, and others are of this opinion. Milk is a good remedy in appropriate cases, especially in parenchymatous nephritis, where there is little thirst. It is, however, to be avoided in sclerosis with polydipsia.—Lepine in *R. La France Med.*

## IRRITABLE FISSURE OF THE RECTUM.

I have found this infirmity more frequent than one would suppose. Old physicians have told me they have never seen a case. I have certainly witnessed more than twenty well marked cases, when the simple operation of forcibly stretching the sphincter till all the fibres of the external sphincter were torn through, has given complete and permanent relief. The pain attending this lesion is atrocious, and nothing short of a cutting or divulsion operation has ever in my experience done any good.

The character of this lesion is very easily diagnosed. The patient has a severe aching pain, low

down in the rectum, after defæcation; this pain lasts for hours, sometimes all day, is aggravated by purgatives, and does not readily yield to opiates, whether administered per os or per rectum. Examination by rectal speculum reveals a crack or ulcerous abrasion, easily bleeding on touch, just within the anal orifice; this fissure extends through the mucous membrane into the muscular fibres of the sphincter; it does not readily heal, for the sphincter by its contractions will not let it heal. If there be a few hours quiescence of the pain, this is sure to return the next time the bowels act, and a hard movement, attended with straining, brings with it exquisite agony. I have known patients to suffer for twelve hours after such a movement, and only get relief when repeated doses of opium were administered. Such persons will often avoid having faecal motions as long as possible from dread of the inevitable suffering.

In the earlier part of my practice, I used to be greatly puzzled by these cases, and first became enlightened as to their real nature and treatment by reading Van Buren's practical treatise "On Diseases of the Rectum."

A patient on whom I performed the operation of forcible dilatation ten days ago, and who is now free from all pain and perfectly well, had been for two years an almost constant sufferer; had become haggard, emaciated, and cachectic. It may seem singular that so apparently trifling an ailment should cause so much and so constant distress.

In the case of this lady, all that was necessary was anæsthesia by ether, and forcible stretching of the sphincter and till the fibres of this muscle were felt to tear. The patient was placed on her side, the two thumbs inserted back to back and forced apart till the palmar surfaces were made to touch the tuber ischii on both sides. Then all that remained to be done was to apply a warm carbolic dressing.

I have notes of more than twenty cases similar to the above which I have treated, and in every instance the result has been most gratifying.

Sir Benjamin Brodie, speaks of this disease, under the title of "Ulcer on the Inside of the Rectum." He says it may be found on the posterior part of the rectum, opposite to the point of the os coccyx, and occurs for the most part in persons who have costive bowels and hard stools, the mucous membrane, under these circumstances, being lacerated by the pressure of hard evacuation. When once produced, this ulcer is very difficult to heal, and, in fact, the only rational treatment is setting the sphincter at rest, either by stretching or by free division with the knife; and surgeons since Brodie's time have been divided in the choice of methods; certainly both incision and dilatation give satisfactory results. To relieve pain is certainly a considerable part of a