THE CURATIVE EFFECT OF CHLORAL IN TWO CASES OF ALBUMINURIA.

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WHEN Liebreich introduced chloral, he claimed for it a prominent position amongst the drugs known as hypnotics—a position which the experience of medical men has more than confirmed. Its inventor only regarded it as a sleep-producer. Little did he think of the various uses to which it might be applied. Like all new drugs, however, chloral has been used in various combinations for the most varied affections. No one, I think, has as yet drawn the attention of the profession to the almost marvellous effect of chloral in causing albumen to disappear from the urine, and with it the presence of an existing oedema. I am aware that no absolute results can be based upon the success which has followed the treatment of one or two cases of albuminuria; but the facts are so strong, and the results of treatment so striking, that these must be my excuse for bringing them under the notice of the profession.

Mrs. R., a delicate-looking woman, aged 40 years, was delivered of her eighth child in February last. Her children had come rather quickly; on the last occasion, it was the second within the year. During the time she was carrying her last baby there was no oedema of the legs, and nothing occurred of any importance during the period of gestation. Her last labour finished well; but, somehow or other, she never regained her strength. She suffered from night-sweats. The end of March found her suffering from cough and severe attacks of asthma. Medicine proved of little service, for dropsy set in, and the urine became albuminous. On April 13th, Dr. William Murray saw her, in consultation with me. In the early part of May, Dr. Oliver saw her with me, and at this time her condition was as follows. Both legs were very oedematous. Breathing was short and difficult; it amounted to orthopnea, for patient could not occupy the recumbent position. The lips were markedly cyanosed, and the pulse extremely weak. There was frequent cough, but the lungs exhibited nothing very abnormal; the urine was albuminous, but no cardiac murmur was detected. From the weakened sounds of the heart, cyanosis, and difficulty of breathing, in the absence of any marked pulmonary lesion, I was led to diagnose a dilated heart, passive congestion of kidney, and dropsy. For some time past, the patient had been taking chloral rather freely, and, to diminish it, Dr. Oliver suggested, from its tonic action, as well as its hypnotic, the use of hops. Externally and internally their employment was unsuccessful. I again resorted to the use of chloral, but only at bed-time. Fortunately, a most reliable nurse had been obtained, and, as it had been frequently noticed that the urine passed a few hours after taking chloral was lighter in colour, and contained less albumen, I got her to keep specimens of urine passed at various periods of the day, for comparison. That there might be no mistake, this work was undertaken for some days by the husband, who sat up night after night with his wife. The experiments were carefully conducted, and admirably carried through. From the regularity with which it was noticed that the urine passed after taking chloral was clearer, of lower specific gravity, and contained less albumen than that passed at other times, it was decided to test the effect of chloral by withholding its administration altogether. Until now, the patient had been improving; the albumen had greatly diminished, the oedema was disappearing, and the patient was able to be moved to the couch; but no sooner was the chloral stopped than the symptoms returned. Every medicine was now stopped, with the exception of the chloral, as it was quite apparent to Dr. Oliver and myself that this was the only remedy likely to prove of service. Daily I made a comparative examination of the urine passed at various periods, and I always noticed that the urine which was passed after taking chloral contained a diminishing quantity of albumen. Dr. Oliver at this time made an independent examination of the urine, of which the following is a brief statement: Specimens passed after taking chloral were of average specific gravity 1016, acid, with no albumen; specimens passed at other periods contained albumen, and granular and hyaline tube-casts.

A continuation of the chloral treatment resulted in complete disappearance of albumen from the urine, and with it disappearance of the other symptoms I have mentioned. In the middle of the month of July she had so far recovered that she was able to be removed to the sea-side. At the present time she is better than she has been for many months past, and, with the exception of amenorrhoea, she is quite well. No explanation is offered as to how the chloral was followed by such beneficial results. Suffice it to say that, under its use, a lady so prostrate that she could not stand, with a dilated heart, albuminuria, and marked oedema of feet and legs—indications of a grave constitutional state—has simply been rescued from death. The chloral did not produce any apparent diuresis or diaphoresis.

In another case—a lady 68 years of age, the subject of albuminuria and dropsy—I gave chloral, and had the satisfaction of seeing this line of treatment as successful as in the case which I have reported.

PERIOD OF INCUBATION OF SCARLET FEVER.

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IN the articles which have appeared on this subject during the past six weeks, the general tenor seems to be that the longest period of incubation cannot exceed fourteen days; but, in Reynolds's *System of Medicine*, Dr. Gee considers that it may extend to three weeks; and he states that Rilliet and Barthez are of the same opinion. The case which I am about to narrate strongly corroborates this view; indeed, would be inexplicable, if it cannot be maintained.

Private W. D., a recruit of this dépôt, was admitted to hospital on November 1st, seemingly with ordinary tonsillitis, no fever, foul tongue, and looking pale and pinched. With inhalation of steam and a gargle of chlorate of potash, the throat was well in a few days; but he looked too weakly for drill, so I detained him. A few days afterwards, some trivial ulcerations about the buttocks appeared; this caused further detention, but they were healed by the 18th, and I intended to discharge the man next day. On November 19th, I found him in bed with a cold in the head and throat, caught, as he said, through a draughty window near his bed. On the 20th, he was still in bed, with pains in all his bones, headache, pyrexia, sore throat, bright red; and, on examining him, I found, unmistakably, the rash of scarlet fever on his neck and chest. He was at once removed to the detached infection ward. On November 21st, he had rash down to his thighs; and on November 22nd, to his feet. The attack proved mild, and on December 4th he was desquamating.

Now as to the source of infection. From November 1st, he had not been outside the hospital enclosure; there had been no case of scarlet fever within this barrack since July; no civilian friends or relatives had visited the man; and the health-officer of the town informs me that there has not recently been any case in Bury St. Edmund's, as far as he is aware. So whence *origo mali*?

On October 28th, Private W. D. went on leave to his home, and returned to barracks early on the 30th. The probabilities are, therefore, that the disease was contracted on Sunday, October 29th, which would leave a clear twenty-one days for incubation. At all events, he was twenty-one days secluded from almost every possible source of contagion.

I have since ascertained that on Sunday, October 29th, Private W. D. went to a chapel, where the greater part of the congregation belonged to a village in which there had been some cases of scarlet fever recently; and it may still be considered probable that infection took place on that date, thus allowing full twenty-one days for incubation.

In 1866, when I was stationed at Aldershot, scarlet fever had become so rife and fatal that the Sanitary Committee of the War Office was ordered to report fully upon the epidemic; and, among the many conclusions arrived at, there was one bearing upon this incubation question; for they found that, "out of all the attacks recorded (333), there were only forty-nine or fifty in which the interval between first and second, or second and third attacks, in the same hut or room, was under a fortnight." And, in their summary, the Committee report that the number of second attacks included within the usual incubative days (third, fourth, and fifth) scarcely exceeded a dozen. All this evidence seems to prove that the incubative period may be any time from forty-eight hours to twenty-one or twenty-two days.

To those who are interested in the subject of scarlet fever, the report of the Army Sanitary Committee in regard to the epidemic of 1866 will be found most accurate and exhaustive. The inquiry was mainly carried out by Dr. John Sutherland, and the report was published as a Blue Book presented to both Houses of Parliament by Royal command.

DONATIONS AND BEQUESTS.—Mr. Joseph Gurney Barclay has given £500 to the North-Eastern Hospital for Children.—The Birmingham and Midland Counties Sanatorium has received £300 under the will of Mr. C. Weston, and £50 under that of Mr. J. A. Williams.—The Goldsmiths' Company have given £100 to the National Trust Society.—Mr. Joshua Payne has given £100 to the Sick Poor Society, Leicester, by desire, and in memory of, his late wife.—The Leicester Infirmary has received £100 under the will of Mr. Alderman T. Norman.—Mr. John Chevallier Cobbold, of Holywell, Ipswich, bequeathed £100 to the East Suffolk Hospital.—Mr. Herbert Clarke has given fifty guineas to the Royal Hospital for Diseases of the Chest.