

has been for nearly 20 years a hard-working monthly nurse.

Dr. Goodell thinks it pardonable to make the mistake. With all his experience he had seen two cases which he could not for some time make a certain diagnosis. There was no doubt about the existence of a laceration, but whether the angry looking growths were merely cock's-comb granulations or epithelioma was not so easy to decide. They eventually proved to be the benign.

EYE SYMPTOMS AND CONDITIONS IN BRIGHT'S DISEASE.

BY WM. S. LITTLE, M.D., OF PHILADELPHIA.

Read December 19, 1883, to the Philadelphia County Medical Society.

Among 911 cases of Bright's disease reported by different observers, changes in the retina have been observed to be associated with the kidney affection in 185 of these recorded cases; these statistics show that 25 per cent. of the cases of Bright's disease have internal eye symptoms. The statistics have varied with the several observers; the lowest average exhibiting retinitis present in 11.46 per cent., the highest in 30.15 per cent. of the cases of Bright's disease. A more exact and larger average than 20 per cent. can only be derived from a study of a larger number of cases of Bright's disease with retinitis than have as yet been recorded. The known average of 20 per cent. is sufficient to stimulate observations, and enables us to include eye symptoms among the other various manifestations of the disease under consideration, as they are exhibited by symptoms arising in other important organs and tissues of the body. The recognition of Bright's disease from lesions in the eye, in a case already diagnosed from symptoms in other organs, is not of so much importance for diagnosis, as it is a help in forming a prognosis; nor does the condition existing in the eye demand the therapeutics of special medicine.

A sufficient number of cases, however, are seen in an ophthalmic hospital, having no other symptom of Bright's disease apparent than impaired vision, which the ophthalmoscope shows is due to changes in the retina or of the nerve from disease of the kidney, or it is revealed in cases where vision is good, other ocular conditions being treated, so that in this class of cases the recognition of the lesion becomes important as a means of diagnosis.

The ophthalmic physician will diagnose Bright's disease by means of the ophthalmoscope, almost as frequently among the cases he is called to treat, as the lesion will be found to exist in cases where the eye is thus examined, for additional evidence in already diagnosed cases.

As a pathological change can be seen in the eye-ground during life, as cannot be so well viewed in other parts of the body, the observation of the lesions associated with Bright's disease, or of other diseases, as they are exhibited in the eye, is very interesting and instructive.

Externally, the puffy lower lid is the only symp-

tom, and before Bright's time, it was the first evidence of a more general anasarca, and it was looked upon as a symptom of dropsy, before the kidney was known to be the organ producing the condition. In very rare cases exophthalmus occurs from hæmorrhage into the capsule of Tenon, due to the breaking down of the orbital vessels or an excess of serum in the orbit.

With dropsy after scarlet fever, as well as that accompanying the act of gestation and the puerperal state in women, some internal affection of the eye, impairing the vision, was known to exist, the same as was later known to be present in dropsy associated with kidney disease, from other causes, in both sexes alike.

The optic nerve is not seriously involved, though gray degeneration may exist, and numerous amyloid bodies may be seen with the microscope. The retina does not always present all the stages described; the kidney disease being amenable to treatment, the retina may not undergo any further change; where it is chronic, a like progression ensues in the retina. Marked lesions at times disappear, leaving only a slight trace. The hæmorrhagic state is more severe, the sight not only being lost, but the patient's life endangered.

During gestation the same picture exists, the optic nerve may be more seriously involved. A case recently seen, and having uræmic symptoms, being unconscious two weeks prior to the delivery of the child, it being born dead; had complete atrophy of one optic nerve with retinal lesions extensive; the other nerve partially affected and slight retinal changes, patient almost entirely blind. In another case, with convulsions, only slight changes in each eye near the fovea. In succeeding pregnancies, the conditions may arise again, producing more serious changes in the retina.

The prognosis, as far as the vision is concerned, is serious, when the region of the yellow spot is encroached upon, and yet fair vision may remain after subsidence of the disease.

Can a prognosis as to the duration of the disease or to its fatality be derived from the eye symptoms? Only in the chronic stages of the disease, when retinal hæmorrhages are extensive and repeated, the heart being diseased. Traube considered the heart the immediate cause of these retinal hæmorrhages; but they exist in cases without heart trouble, and in other diseases of the system, and in intraocular conditions. Brain symptoms soon follow in these severe types of retinitis, in chronic kidney disease a general hæmorrhagic condition being developed, or uræmia may ensue. In the acute forms of Bright's disease no prognosis of any value can be formed from the eye symptoms, though severe.

As to treatment of the eye in this disease; what renders the disease of the kidney controllable, is only of advantage to the retina; leeching may be useful if the patient is not too anæmic. For the vitreous opacities, in cases where the disease is under control and the acute condition of the eye abated, electricity is of considerable value, much more so than any plan of medication.

The microscope shows a sclerosis of the retinal fibres, the walls of the blood-vessels degenerated, fatty deposits along the fibres and in the layers of the retina, also in places a pigmentation; the choroidal vessels are implicated as well.

Uræmic amaurosis is rare, Wagner finding one case in 153 of Bright's disease. Graeffe found two cases in thirty-two cases of albuminuric retinitis; it presents no retinal change that is recognizable.

As yet we cannot answer why the retinal changes occur with disease of the kidney. Does the structure of the retina and its proximity to a highly vascular tissue account for it?

215 South 17th St.

INTERNATIONAL MEDICAL CONGRESS OF 1887.

The general committee appointed on the organization of the International Medical Congress to meet in Washington in 1887, is composed of the following members:

Dr. George C. Shattuck,.....Boston.
 Dr. James R. Chadwick,..... "
 Dr. Austin Flint, Sr.,.....New York.
 Dr. L. A. Sayre,..... "
 Dr. A. Jacobi,..... "
 Dr. T. F. Rochester,.....Buffalo, N. Y.
 Dr. S. Weir Mitchell,.....Philadelphia.
 Dr. J. M. DaCosta,..... "
 Dr. Christopher Johnston,....Baltimore.
 Dr. W. C. Van Bibber,..... "
 Dr. S. C. Busey,.....Washington.
 Dr. R. A. Kinloch,.....Charleston.
 Dr. H. F. Campbell,.....Augusta, Ga.
 Dr. J. G. Thomas,.....Savannah, Ga.
 Dr. T. G. Richardson.....New Orleans.
 Dr. W. W. Dawson,.....Cincinnati.
 Dr. D. W. Yandell,.....Louisville.
 Dr. N. S. Davis,.....Chicago.
 Dr. Hosmer A. Johnson,..... "
 Dr. George J. Englemann,....St. Louis.
 Dr. L. C. Lane,.....San Francisco.
 Dr. John S. Billings,.....United States Army.
 Dr. J. M. Browne,.....United States Navy.
 Dr. R. P. Howard,.....Montreal, Canada.

Chairman *pro tem.*, Dr. Flint.

Secretary " " Dr. Billings.

STATE MEDICINE.

'AN ACT

To Establish a Medical Board of Examiners and Licensers, and Regulating the Practice of Medicine and Surgery in the State of Ohio, and Defining the Duties and Powers of such Board.

SEC. 1. *Be it enacted by the General Assembly of the State of Ohio*, That there shall be appointed by the Governor a State Board of Medical Examiners in this State, consisting of nine reputable physicians, who shall be graduates of legal Medical Colleges, and who have practiced medicine or surgery for not less than ten years, but none of whom shall be connected in any manner with any Medical School or College;

provided, that in the appointment the several systems of medical practice recognized by the three State medical societies shall be in proper proportion.

SEC. 2. Of the nine members of said Board, three shall serve, in the first instance for three years, three for four years, and three for five years. This period of service shall be determined by lot. All appointments made in said Board of Examiners, at the expiration of the several terms fixed above, shall be uniformly made for the period of five years each. All appointments shall be made, and all vacancies occurring in said Board, from whatever cause, shall be filled without delay, by the Governor, from fifteen persons nominated by each of the several State Medical Societies, (in case such nomination shall be made) of a practitioner of the system of practice that had previously been represented by the seat so vacated.

SEC. 3. The persons so appointed shall take the oath of office prescribed by the seventh Section of the fifteenth Article of the Constitution of the State, before entering upon the duties of their office, and file a certificate of their having done so with the Secretary of State.

SEC. 4. The said Board shall, on a day to be fixed by them, in every two years, elect from their own number a President and Secretary, who shall hold their offices for the term of two years, and until their successors are appointed or elected, and enter upon the duties of their offices. The said Board shall be a corporation, by the name and style of "State Board of Medical Examiners and Licensers of Ohio," and have and use a common seal, and as such corporation may sue and be sued, contract and be contracted with, plead and be impleaded, to the extent to enable it to carry out the powers conferred upon said Board by said Act. Said Board may make and adopt all necessary rules and regulations and by-laws, not inconsistent with the Constitution and laws of this State or of the United States, to enable it to perform its duties and transact its business under the provisions of this act. A majority of said Board shall constitute a quorum for the transaction of business. A meeting of the Board may be called by the President or any three members thereof.

SEC. 5. The said Medical Board shall examine all applicants for license to practice medicine or surgery in this State. They shall meet quarterly, on the second Tuesday in January, April, July and October, and at such meetings shall faithfully examine all candidates referred to them for that purpose by the President of said Board, and the Secretary shall keep a detailed report in writing of all questions and answers of each examination, together with a separate opinion of each examiner as to the qualifications and merits of the candidate in each case. The examinations shall be conducted in writing, except clinical, which may be oral; the President and Secretary of the Board shall have authority to administer oaths, and the Board to take testimony in all matters relating to its duties.

SEC. 6. Such examination shall be in hygiene, anatomy, physiology, histology, pathology, principles and practice of medicine, chemistry, surgery, obstetrics, materia medica and therapeutics, and such