sist of granular masses of fibrine, with cylinders, and broken up epithelium which has been thrown off, and subsequently washed from the tubes by the urine.

In the acute disease, the epithelium is generally entire; while, in the chronic form, the cells are disintegrated and granular, and free from the blood-corpuscles which frequently obtain in the former variety.

There is another form, described by Dr. Johnson as the disintegrative and fatty degeneration of the kidney. This may result from ulceration changes taking place in the desquamative varieties; or it may originate from exposure to any of the causes productive of depraved nutrition. In the fatty degeneration, the urine is more frequently diminished in quantity, highly albuminous, clear, and globules, some adhering to the walls of the cast-off cells, and others scattered over the field of the instrument.

In reference to prognosis, Dr. Johnson states that "the quantity of disintegrated epithelium in the urine is a pretty accurate measure of the rate at which the disease is progressing." Again: "A very advanced state of disease is indicated by pale, almost colourless urine, rather small in quantity, more or less albuminous, with a scanty sediment containing large waxy casts."

In the treatment of chronic albuminuria, the facilities for benefitting the patient will be, of course, much enhanced if we can procure his admission within a hospital; and, indeed, if dropsy, or other secondary complications, be severe, treatment as an out-patient will be impracticable.

If much tenderness on pressure exist over the kidneys, the withdrawal of a few ounces of blood by cupping may sometimes be resorted to with advantage. Afterwards, repeated dry cupping, and the application of mustard plasters or a strong solution of iodine over the same spot, will be useful. The warm or hot air baths, when attainable, will be important adjuncts to the treatment.

For the removal of the anaemia, purgatives and diaphoretics will be found very valuable remedies. If the effusion be not very extensive, I have seen an excellent effect from one-eighth of a grain of chloral, taken three times a day, with two or three grains of the bichromate of potash in three or four ounces of water the next morning. If the dropsy be extensive and distressing, the elaterium may be increased to one third of a grain and upwards, taken early in the morning, so as to insure copious watery evacuations.

There is no better diaphoretic in this disease than the citrate or acetate of ammonia, with which I usually combine the spirit of nitrous ether and tincture of digitalis.

I have not myself seen reasons to fear the use of diuretics in the treatment of chronic albuminuria, especially if combined with an alkali, which renders the urine less acid and irritating to the denuded tissues over which it has to pass. The following is a formula which sometimes answers exceedingly well.

(Ferr. Lont.) & Ferri ammon.-citrat. 5s ad 5i.; potass. nitrat. 5s ad 5i.; tinct. digitalis 5i.; spir. ether. nit. 5j.; mix. camph. ad 3viij. M. A sixth part three days a time.

Having more or less drained off the serum, no remedy becomes so valuable as iron; and no preparation can do better than the tincture of the sesqui-chloride, with sulphate of magnesia and tincture of digitalis.

The cases of our out-patients did not present comp-
lications requiring especial treatment for any secondary disorder besides the anaemia.

The removal of the poor to a more open and healthy residence is seldom attainable; but, if it can be effected, it is a measure tending to improve the deteriorated condition of the blood which accompanies this disease.

For the higher and wealthier classes, some well authenticated cases have been detailed, in which the most happy results have followed a long sea-voyage to a tropical climate. In the case of young persons suffering from the chronic desquamative form of the disease, the propriety of recommending such a step might become a matter for grave consideration and consultation.

[To be continued.]