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 non-desquamative and fatty degeneration of the kidney. This may result from ulterior 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 of very low specific gravity; and the resulting anasarca is a much more common and early attendant than in the desquamative form of the disease.

The microscope shows waxy casts, containing oil-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 benefiting 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 anasarca, 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 elaterium taken every night, followed by a drachm of the bitartrate 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.

(Phar. Lond.) R Ferri ammon.-citrat. ʒss ad ʒi; potassæ bicarb. ʒiiss; potassæ nitrat. ʒss; tinct. digitalis ʒi; spir. æther. nit. ʒij; mist. camph. ad ʒviij. M. A sixth part three times a day.

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

The cases of our out-patients did not present com-

plications requiring especial treatment for any secondary disorder besides the anasarca.

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.]

REMARKS ON PHTHISICAL INSANITY.

By S. W. D. WILLIAMS, M.D., L.R.C.P.Lond., Acting Medical Superintendent of the Northampton General Lunatic Asylum.

THE learned Lecturer on Psychology in University College (Dr. Sankey), in his "Illustrations of the Different Forms of Insanity", in the JOURNAL for February 11th, seems to doubt whether there are symptoms of a peculiar and distinct type in "phthisical insanity", by which it can be detected from other forms of insanity. I hope he will not think me presumptuous if I take the liberty of differing from one who has had such extended experience as he has; but, both before and since the appearance of Dr. Clouston's paper in the *Journal of Mental Science*, I have paid special attention to such cases, and I cannot but agree with Dr. Clouston in his theory. I will go even further, and assert that I could diagnose incipient tuberculosis from a mere examination of the psychological condition of a patient suffering from this disease, and have certainly done so on many occasions.

In such patients, I should expect to find great excitability, irritability, and emotional exaltation; a tendency to fits of laughing and crying; delusion of a suspicious nature, and a most unpleasantly strong tendency to misconstrue the actions of their attendants; constant complainings of everybody and everything. Indeed, the more assiduously such patients are attended to and cared for, the more capricious, selfish, and unthankful they become. Nothing pleases them; and the least irregularity gives rise to delusions and hallucinations which torment and distress them beyond measure. There is a strange mixture of sense and nonsense, reality and delusion, pertinence and irrationality, in all they do and say. They will utter the most satirical and witty things one moment, and on the next wander into strange paths strewn with the most wild and chaotic vagaries and ideas. At rare intervals, they become quite calm, rational, and happy; and seem to revel in sweet recollections, whilst

"Their memory brightens o'er the past,
As when the sun, concealed
Behind some cloud that near us hangs,
Shines on a distant field."

It is impossible, within the compass of a short note, to accurately do justice to this subject; but such a collection of symptoms as even those run through above never, I submit, occur except in connexion with insanity combined with tuberculosis; and yet the faithfulness of my description will, I think, be allowed by all who have had any long connexion with mental alienation.