400 and 500 grs., and an approach to this or an excess is a happy indication. A material reduction is to be feared, as uræmia is apt to follow.

Tube casts furnish important evidence in this disease, and their recognition is one of the earliest lessons which you should learn in clinical microscopy. Their characters have been well marked in this man (Case III.) When first examined a few well-formed *blood casts* were seen; cylinders or moulds of the tubules made up of blood corpuscles imbedded in an indifferent matrix. *Hyaline* or *faintly granular* have been the most abundant forms, very delicate and translucent, so that the inexperienced amongst you have had difficulty in seeing them; and thirdly, *epithelial casts* not very numerous, but commonly consisting of a hyaline cylinder, with a few granular cells imbedded in it. I called the attention of some of you to a form of cast, consisting almost entirely of rounded cells, like colourless blood-corpuscles—leucocytes; this, Dr. George Johnson believes, is a variety met with when a glomerulo-nephritis is present.

The varied course of the disease is well illustrated by the first two cases, one of which went from bad to worse, while the other rapidly improved. The first six months in the majority of instances concludes the case one way or the other. Not that recovery is impossible after this date, but it is more uncertain, and the chance is great of permanent damage to the organs and of the establishment of chronic parenchymatous nephritis. The favourable signs are diminution and disappearance of the dropsy, increase in the amount of urine, with reduction in albumen and maintenance of normal urea excretion. In the most rapid cases three or four weeks at least are necessary before the condition of the urine becomes normal. I have known the albumen to disappear, while the tube casts continued. Circumstances which warrant unfavourable prognosis are long duration, persistence of the albumen in large amount, material reduction in urea and the onset of symptoms of uræmia, some of which may be sudden and rapidly fatal.

What are the indications for treatment? Mild cases would probably recover; indeed have done so, left to nature. Case III. received no special treatment for four days, and improved during this time. The rest in bed, recumbency, and the quiet do much, but there are few cases which do not call for active interference. In the early stages, where the congestion of the organ is marked, the urine reduced in amount and bloody, and the lumbar pain present, dry cupping the loins and warm fomentations do much good, acting as derivatives. You know on general principles that the first thing to be done with an acutely inflamed organ or part, is to give it, if possible, functional rest. With the kidneys this is impracticable, but we can relieve and assist them in various ways. A spare diet and rest diminish the amount of solid materials to be excreted. Purgatives and diaphoretics call to aid the bowels and skin, which supplement the action of the kidneys, and, as it were, help them in a friendly way when they are disabled. In the early stages and in mild cases, there is no necessity for severe purgation. Keep the bowels loose by a daily dose of Glauber's Salts (Soda Sulph. ʒ ss.), and perhaps an occasional Jalap purge (Pulv. Jalapæ Co. ʒ ss.). In the more chronic cases, where the dropsy is great and uræmia threatening, hydrogogue cathartics will be of great service. Of diaphoretics, the one in common use and most efficacious is *jaborandi*, or its active principle, *pilocarpin*; of the former may be given ɱx of the Fl. Ext. every two hours until copious sweating is induced; of the latter a hypodermic injection of $\frac{1}{16}$ to $\frac{1}{3}$ gr. But of all measures at our disposal to produce sweating, the *hot air bath* is, in my experience, the best, the easiest employed, and has the additional advantage of being in many instances a diuretic, so that after a most copious sweating the amount of urine for the twelve or sixteen hours subsequent may be actually increased. On our return to the ward we shall give our patient B. such a bath that you may see the ease with which it is applied. Some of you may remember two sessions ago the case of a little girl in the children's ward with acute renal dropsy, and how admirably the air baths acted without any medication. The *warm baths* are much used in some hospitals, but they are inconvenient. The *wet pack*, wrapping