

formance are as bad afterwards as they were before. It must be admitted that there is some truth in the statement, and that to retain in position a kidney that has been rendered *extremely* mobile, is by no means easy. But it is only when secondary changes in the shape of lengthening of the ureters and renal vessels have occurred that any difficulty of this sort should be experienced. It is no more possible to guarantee the radical cure of wandering kidney, than it is to effect a radical cure of every advanced case of hernia. If cases, however, are taken in time, and treated early in their career, the result is a good one, and the further destruction of the kidney substance by distension is arrested. As the early recognition of these cases advances, so will the necessity for the removal of hydronephrotic kidneys diminish.

But there is another side to this picture. Hydronephrosis may precede mobility, and indeed be the active agent in its production. The course of events is in such a case easier to realize. Some obstruction occurs to the ureter, distension of the kidney ensues, which, provided it be gradual enough in its onset and course, will afford the patient no more indication of its occurrence than does the gradual enlargement of the bladder which often supervenes upon enlarged prostate. Once enlarged, the kidney pushes aside its neighboring structures, and becomes loosened in its bed, and if the obstruction be a temporary one, the kidney shrunken to its former dimensions, lies in a larger bed than it has recently occupied. Mobility ensues as a matter of course, and becomes aggravated as time goes on.

The relief of these cases is more difficult. It can only be effected when once the cause of obstruction has been discovered, and dealt with in an appropriate manner.--W. Bruce Clarke, M.B., F.R.C.S., in *Hosp. Gaz.*

OBSERVATIONS ON THE BRAIN OF THE SHEEP IN DISEASES OF THE CENTRAL NERVOUS SYSTEM AND MIND.

The remarkable effect of the thyroid gland in the treatment of myxœdema has naturally stimulated inquiry into the action of other glands and animal structures generally in various morbid conditions of the system. The question was obviously suggested. Might not these organs or their active principles have a similar beneficial action in many organic diseases or functional disorders, particularly such as affected the same structures as those administered, for example, the suprarenal capsule in Addison's disease and the brain in cerebral disease? Greater and more respectful attention was at the same time directed to the observations of Brown-Séquard on the orchitic fluid.

Impressed with the fact that the gastric juice did not impair the action of the thyroid gland or its extract as a remedial agent, it occurred to me to test the effect of brain substance taken into the stomach in some organic and functional diseases of the brain and spinal cord. I was not, however, very sanguine as to the result, for, first, a formed product, like the cerebral tissue, differs materially from a glandular secreting organ, as the thyroid no doubt is; and, secondly, it seemed not unlikely that the soft pulpy material of the brain would be more fully acted on by the digestive secretion of the stomach than the firmer and more resistant constituents of the gland or even than a concentrated fluid extract. But, though these objections presented themselves, the fact remained that, notwithstanding the previous preparation of the thyroid and its submission to digestion in the stomach, there appeared to be no material impairment of its curative power in myxœdema, and it was therefore possible that other organized matter, though subjected to similar disintegrating processes, might still be efficacious in morbid states of the body. Influenced by these considerations, it was resolved to test the action of brain taken by the mouth as an aliment.

In all cases the brain of the sheep was used. Arrangements were made with a butcher to have it removed from the head of the animal within an hour or two after it was killed for the market. It was immediately taken to the chemist, who made a glycerine preparation of it, flavoring and coloring it with cinnamon, cochineal, etc. Within twelve hours the medicine, if we may so call it, was ready for being dispensed; it kept quite fresh, when in a cool place, for four or five days. The usual dose prescribed was one teaspoonful thrice daily before meals, but in some cases this was increased to two teaspoonfuls. In no case was sickness or nausea produced when given in the smaller dose; but in one or two patients the stomach was intolerant of the larger quantity, and it was necessary to reduce it. The taste was not unpleasant, and no one complained that it was disagreeable to the palate. Care was taken not to mention the nature of the medicine in the hearing of the patients, lest they should revolt in its use. I have named it myelin, which indicates its nature.

The preparation was administered to six patients in all in the asylum, and five in the Royal Infirmary. The former group included two cases of subacute melancholia of an ordinary type, and one of the resistive variety of that disorder; one of simple and one of chronic mania, and one of delusional insanity (paranoia). The infirmary cases consisted of two cases of bulbar paralysis, one of general paralysis, one of chronic myelitis, and one of locomotor ataxy.

Besides noting the effects on the disease of the nervous system, observations were made on the