

contained not a trace of albumen, a sufficient proof that morbus Brightii cannot be considered dependent solely upon fatty degeneration.

A statistical report, and tabular representation of the changes found (*post mortem*) in other organs, concludes the second chapter of the book. The cases are gathered from Bright, Christison, Gregory, Martin Solon, Becquerel, Rayer, Bright and Barlow, Malmsten, and the author's own observation.

The third chapter presents a short account of the general course of the disease in its two forms, acute and chronic; and we pass from it to the fourth, entitled "Special Symptomatology." In this the appearances (merely sketched before) are described in detail,—their frequency given numerically,—their causation examined,—and their clinical value in respect of diagnosis, prognosis, and treatment, pointed out.

The symptoms are treated under the following heads:—1. Those of disordered uro-poësis,—embracing, (a) pain in the region of the kidney; (b) percussion and palpation; (c) frequency of micturition; (d) changes of the urine. 2. Those of changed blood. 3. The habitus of the patient. 4. Dropsy. 5. Changes in the action of the skin. 6. Uræmic intoxication, (chronic and acute). 7. Disturbances in the functions of the *primæ viæ*. 8. Pseudo-rheumatic pains.

It would be impossible to present anything but the most unsatisfactory analysis of this chapter, if we attempted to embrace all its contents. We shall limit ourselves to those included under the 6th and 7th heads; and we shall do so simply because the statements there made have more of novelty than the others.

1. *The Chronic Form of Uræmia*.—This steals slowly and unobservedly upon its victim, and is in almost every instance fatal. In the early stages of Bright's disease, there is a peculiar dullness, or sleepiness, in the expression of the face, and in the demeanour of the patient. He complains of dull headache,—a "light" feeling,—the eyes are expressionless,—the whole physiognomy is depressed in its features,—he is forgetful, and listless. These symptoms diminish if the secretion of urine becomes more abundant, and sometimes they disappear entirely for a time. In other cases they gradually increase in intensity; the sleepiness passes into stupefaction; the patients, who at first can be roused by speaking to them loudly, or by other means, and will then give rational replies, now sink into everdeepening lethargy; it is impossible any longer to arouse them; respiration becomes stertorous, and is replaced only by the gurgling of death. They generally lie perfectly still, without speaking. Delirium is rare; when it does occur, it is of the low muttering description; the patients repeat, times without number, a few words or sentences. Death is often preceded by convulsions; trembling of the