Neurosis and Vicarious Hematuria.—I have no personal experience of these conditions. Laycock (*Nervous Diseases of Women*, p. 229) mentions hæmaturia as not uncommon in hysteria, but I have not yet recognised a case, though I have certainly met with one or two cases of hæmaturia in women which I have not ventured to class in this paper. Sir W. Roberts mentions menstruation, hæmorrhoids, and asthma as conditions in which vicarious or supplementary hæmaturia occurs, but I can only quote him, and leave the matter without further comment, as I have never met with such cases. Dr. G. H. Savage states that hæmaturia may occur spontaneously in acute mania and general paralysis.

Treatment.—A very few words as to the general treatment, which must be specially regulated in each case by the cause. Undoubtedly hæmaturia usually passes off by rest, after a shorter or longer time, independently of drugs. But, as we have seen, there are persistent cases in which we are bound to do our best, and ample opportunity is afforded for trying all known remedies. My experience has been that they are all very untrustworthy, and I hesitate to give the preference to any one. Acetate of lead, ergot, hamamelis, gallic acid, and perchloride of iron, should have a fair trial. In hæmoglobinuria a tea-grain dose of quinine should be given at the commencement of the attack, and five grains three times a day till convalescence is established. Chloride of ammonium, recommended by the late Dr. Warburton Begbie, has never been followed in the hands of others by the fortunate results he obtained.

In the discussion which I hope will follow I should be glad to elicit opinions upon (1) the differential diagnosis of renal and vesical hæmaturia; (2) on the differential diagnosis of twist, calculus, and cancer of the kidney; (3) on the occurrence of hæmaturia in syphilis; (4) on hæmaturia from chill; (5) on the results of the drug treatment of persistent hæmaturia.

ON THE OCCURRENCE OF ALBUMEN IN THE URINE OF THE INSANE.

By JOHN TURNER, M.B.,

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THE JOURNAL for June 11th, 1887, contains an abstract from a paper by Professor Grainger Stewart concerning the occurrence of albumen in the urine of healthy people. He found that, in 407 cases, albumen occurred in 31 per cent.; in soldiers, a rise of from 15.6 before breakfast to 40.6 after breakfast; in old men, 37.5 to 67.5; and in children, 12.5 per cent. to 17.5 per cent.

The following is the result of the examination of the urine of 200 male lunatics made during the months of August and September. The water was collected three times in each case during the day, when possible; but a considerable number refused at times to micturate when requested to. The first collection was made between the hours of 6 A.M. and 7 A.M., after rising; the second was at 9 A.M., that is, about half an hour after breakfast was finished; and the third at 12.45 P.M., a quarter of an hour before dinner, and after the able-bodied and willing men had finished a morning's work. The diet of all these men was nearly alike, but the workers had bread and cheese and one pint of beer at 11 A.M. The breakfast consists of six ounces of bread, half an ounce of butter, and one pint of tea with milk. The albumen was tested for in every case both by the cold nitric acid (Heller's method) and picric acid tests, and varied from a slight, almost imperceptible trace to a heavy cloud appearing immediately the test was added. It was only when the nitric acid test was corroborated by the picric acid, and *vice versa*, that albumen was accepted as present. In some cases the picric acid, when added to the urine, threw down a dense cloud immediately, which might easily be mistaken for albumen, but that it is completely soluble on boiling, and does not appear with the nitric acid.

In these 200 males, albumen occurred at one time or another during the three collections in 81 cases, or 40.5 per cent.; before breakfast, in 22.3 per cent.; after breakfast, 24.5 per cent.; and before dinner practically the same percentage, 24.4. On separating these cases into the two classes of workers and those who do not work either from bodily feebleness, unwillingness, or excitement, etc., it appears that, out of 115 workers (either working on the land or in the shops, or doing ward work, such as scrubbing, etc.), albumen occurred in 45 cases, or 39 per cent. Before breakfast the percentage was 24.4; after breakfast, 28.9; and before dinner, 30.0. In 85 patients who did no work it occurred in 36, or 42.3 per cent.; before breakfast the percentage being 32.8, after breakfast 32.2, and before dinner 31.3; in the former class there being a rise in the percentage

from before breakfast to before dinner, and in the latter the percentage falling very slightly. The rise after breakfast in the workers is not nearly so marked as Professor Grainger Stewart showed in his series of cases.

It will be seen from the following table that the albumen occurred in the largest number of cases between the ages of 20 and 25, the next highest number between 65 and 70.

15 to 20 = 5 cases	50 to 55 = 6 cases
20 „ 25 = 18 „	55 „ 60 = 6 „
25 „ 30 = 3 „	60 „ 65 = 3 „
30 „ 35 = 10 „	65 „ 70 = 11 „
35 „ 40 = 7 „	70 „ 75 = 4 „
40 „ 45 = 4 „	75 „ 80 = 3 „
45 „ 50 = 6 „	

Epileptics frequently have albumen in their urine, and as this class contains many young men, they serve to swell the numbers in the quinquennial period between 20 and 25. No fewer than seven of the thirteen cases were epileptics. The urine of one epileptic was examined shortly after his having had fits, and it contained no albumen. This was just before dinner. After breakfast and prior to the fits it contained a quantity.

Of 60 cases of mania (recent and chronic) 23, or 38.3 per cent., contained albumen in the urine.

Of 40 cases of secondary dementia, 21, or 52.5 per cent., contained albumen in the urine.

Of 11 cases of senile dementia, 7, or 63.6 per cent., contained albumen in the urine.

Of 80 cases of epilepsy, 11, or 36.6 per cent., contained albumen in the urine.

Of 13 cases of general paralysis, 1, or 7.6 per cent., contained albumen in the urine.

Of the eleven epileptics whose urine contained albumen, seven were between 20 and 25 years of age, two were 34 years of age, one was 18, and another 54.

Only one general paralytic's urine contained albumen; he was a man aged 56, and it is unusual for this disease to occur in men of such an advanced age.

The number of cases from which these results were obtained was necessarily small, the total number of male patients being about 300, of which a great many refused to micturate when requested to, whilst others were wet in their habits; but I have recorded them hoping that others with similar facilities may do likewise, and thus trustworthy and valuable information on the occurrence of albumen in the urine of the insane, and its causation, may be obtained.

A CONSECUTIVE SERIES OF TWENTY-SIX OPERATIONS FOR THE RADICAL CURE OF HERNIA.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association, held in Dublin, August, 1887.

By A. W. MAYO ROBSON, F.R.C.S. ENG.,

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WHEN it is borne in mind that a considerable percentage of the inhabitants of the United Kingdom suffers from rupture, and, that to each individual so afflicted, the inconvenience and discomfort which has to be borne is a matter of no small moment, although slight in comparison with the danger of strangulation, which is constantly present; one cannot help wondering why the sufferers will bear their troubles so long before submitting to an operation for radical cure. The only apparent explanation of this fact, is that operations for the cure of hernia are considered uncertain and dangerous. If it can be proved that safety and certainty are the rule and not the exception, I think that medical men will advise, and patients will see the expediency of submitting to operation, as soon as the hernia ceases to be controlled by a truss, either on account of its size or irreducibility, or from any other cause.

The following twenty-six operations, which are a consecutive series of both hospital and private cases, will serve to illustrate my remarks.

It will be noticed that whilst in every case the operation for radical cure was performed; in one half it was done after reducing strangulated hernia, and in the other thirteen on account of trusses having failed to do good because of irreducibility or from the large size of the hernial aperture, the patients being incapacitated in consequence from carrying on their duties. In all but two cases, where Wood's operation was performed, the sac was excised after its neck had been ligatured, the canal being sutured only if very open. In every case