

by. Local erythema or eczema may arise and be a source of considerable annoyance to both the physician and the patient. However, as long as they remain local they may have little bearing on the ultimate outcome of the case.

Blebs, however, are to be looked after very carefully owing to their liability to infection; as a result an inflammatory process closely resembling erysipelas may supervene, the desirability of avoiding which I am sure none need have urged upon them.

Even with edema, erythema, dermatitis, exfoliation or eczema may arise and become general. Such a complication is always of grave moment, as it betokens a very serious renal derangement.

Owing to the arterial degeneration we are not surprised to find aneurism of the aorta, and in the cervical or cerebral vessels it is rather a frequent occurrence.

Epistaxis, sometimes of alarming or even fatal severity, may occur. I am sure, however, all of us look upon the nose-bleed as a sort of safety-valve action, and we are very glad that the hemorrhage is not taking place in the brain, as we know cerebral hemorrhage is often a fatal and sudden termination of the disease.

Hematuria is an occasional occurrence, and in cases presenting small repeated hemorrhages we ought to be on our guard always lest it denote granular kidney.

On the heart itself we have seen that much depends, yet with the coronary arteries affected we can see what a terrible handicap a person is under in endeavoring to fight off a fatal termination.

Valvular insufficiency, dilatation of the heart and myocardial changes we see can readily occur, therefore we are not surprised if a serious or fatal breakdown of the circulatory system terminates the progress of the kidney mischief.

With cardiac failure and cerebral hemorrhage we have to class uremia in importance. Death frequently results from an uremic attack, and may be the first known warning that granular kidney is present.

An uremic attack often presents diagnostic difficulty, as it may simulate epilepsy, cerebral hemorrhage, narcotic poisoning or delirium tremens. The patient's condition may range from noisy delirium down through all the intervening conditions to dulness or profound coma.

The nervous system may also cause headache, dizziness, vomiting, peripheral neuritis, dyspnea and melancholia to be thrown out as an indication of the renal breakdown.