

uræmic symptoms, and three of these only after the flow of water had been fully re-established. Recovery followed after anuria lasting twenty-one, twenty-five, and twenty-eight days. These cases probably fall into the third class of Brown-Séguard*, the first being those in which the internal and external secretion is absent. The second internal secretion is impaired, and the external existing, though less complete. In the third the external alone is wanting, and the internal persisting entirely. Brown-Séguard arrives at the following conclusions:

(1) The consideration of cases of anuria of long duration without morbid manifestations, and of cases of disappearance of symptoms after nephrectomy under the influence of kidney juice injections, shows that the kidney possesses a most important internal secretion.

(4) The comparative study of anuria and uræmia in cases observed by D'Arsonval, Brown-Séguard, and confirmed by Meyer, renders it extremely probable that the phenomena of uræmia are due chiefly to the absence of internal secretion, and not, as one might suppose, to the alteration of the urinary secretions and the consecutive accumulation of certain toxic principles in the blood.

(3) Dr. Utey, in the *American Journal of Obstetrics* for September, 1895, says: "On the basis that the efforts of a parturient woman are conducive to a correspondingly increased general blood pressure—which efforts are, of course, greatest during the second stage—and with a view to studying the relation of heightened blood pressure to the presence of albumen in the urine, I have, in twenty-four women, examined a specimen of urine obtained just at the beginning of labor, one at the end of the first stage, and one at the conclusion of labor. In sixty per cent. of those whose urine showed not a trace of albumen before labor, or in some instances at the end of the first stage, I found it to be present after labor in greater or less amount, depending on the length of the second stage. These albuminurias are, of course, transient, disappearing in two to four hours. In those in which none was found the labor was accomplished with a minimum degree of effort. Then, again, in eight cases in which urine was albuminous before labor, without explanatory organic kidney lesion, and possibly due to high blood pressure, the amount of albumen was found to be increased after the completion of the labor, the increase being relative also to the length and severity of the second stage. In a few hours the albumen had entirely disappeared, the conditions favoring high blood pressure having been removed."

CASE I. While, in this case, the mechanical interference with the venous circulation may have been a factor in the production of the disorder of the kidney, there are some valid objections to this as the cause of albuminuria. There was marked anæmia. The amount of albumen was

*Archives de Physiol., vol. v., p. 778.