

is expressed by the words "the child has not, for a few days, seemed as well and bright as usual." Yet even in cases which present such trivial symptoms, close examination often shows a very serious condition, so rapid indeed is the effusion into some of the cavities as to produce a fatal termination with frightful rapidity. Do not, therefore, allow the absence of grave symptoms to prevent your close examination of the case. The face is generally the first place where swelling is noticed, most marked about the eyelids, which look puffed. From the face it extends to the hands and feet, commencing about the ankles and extending gradually upwards. The skin is hard, firm and elastic to the touch. It generally does not pit on pressure, certainly not in the early stage, and is of a dull white color. If the disease be not checked or removed it may extend to the internal organs, such as the lungs, producing oedema, to the pleural sac or to the pericardium. The amount of urine secreted is generally less than normal, occasionally it is increased in quantity, and micturition is more frequent. This is doubtless due to the irritating character of the secretion which causes the bladder to expel it, even when the amount collected is small. The urine may be almost entirely suppressed, or even entirely so. I have known entire suppression to continue for thirty-six hours. In mild cases the urine is of a deeper color than normal, but retains its transparency for a short time after being voided. On cooling it is apt to become turbid and to deposit a considerable quantity of urates. It has generally a normal reaction. In proportion to the amount voided the sp. gr. varies, urea and the chlorides are diminished. Albumen is present, and the microscope shows epithelial or hyaline casts of the renal tubules and blood globules. In more severe cases the urine is greatly diminished and looks smoky, a very dark red or brownish. Its sp. gr. is high, the quantity of albumen is large, and the microscope shows large numbers of blood globules. The duration of this stage of diminution of the urine varies. It is succeeded by an increased secretion much beyond normal with low sp. gr. and the return of the urates and chlorides to normal. The albumen persists as does the smoky color, and the precipitate still contains blood globules, renal epithelium and granular casts. In favorable cases, and fortunately they are the majority, the smokiness and the albumen gradually disappear. Unfortunately in some they persist, and eventually these cases gradually assume all the characteristics of