

Further, in connection with this case it may be observed that the operation had no permanent effect upon the secretory power of the kidney as regards phosphates and chlorides. I am not aware of observations having been made regarding this point by others, but it is an important one in my estimation. I have represented the analyses from day to day in the charts which I publish herewith indicating the variations in albumin, urica, phosphates and chlorides, etc. The chart indicating the daily amount of urine and albumin may be compared with the one I publish in the report of my case of 1901, and it will be found that the effects of operation on the amount of albumin in these two cases have been very similar.

After operation in the case which I have just recorded the number of casts diminished greatly, so that two weeks after there were almost no casts, but for the subsequent five weeks there was considerable variation and this continues so that now, four months after operation, there are still casts present in the urine—hyaline, granular and fatty—but they are never in as large numbers as they were immediately prior to operation. The amount of albumin has remained greatly reduced, but it is still present and occasionally in considerable quantities. Usually about .2 per cent. is present, but recently, when attempting to transfer him from a simple to a more substantial form of diet, including meat, the amount of albumin increased to .4 per cent. One would have anticipated this immediate result, but I hope that the equilibrium will be re-established as is shown by Von Noorden² to be the case frequently in cases of Bright's disease when change of diet of that kind is made. The patient's general health is greatly improved since operation and there has been no indication whatever of any return of the oedema. [It is too early, of course, to predict the final outcome of the case.

Returning for one moment to the observations on the phosphates and chlorides, let me remind you that clinicians are not in the habit of making observations regarding these urinary constituents. Von Noorden would have us believe that phosphates are excreted with difficulty by the kidney in disease, whilst chlorides are well excreted. My charts certainly indicate that the excretion of phosphates was most markedly affected by my operative procedure, whilst the excretion of chlorides was not perceptibly interfered with. A paper has been published recently by Eugen v. Koziczowsky of Kissingen,³ in which he holds as the result of extensive observation that in health and on a fixed diet the percentage amount of these salts varies with the quantity of urine excreted, whilst the total amount excreted in 24 hours shows but slight variation. In certain cases of nephritis, however, things are