

That the experiment, if it may be so called, was fully successful, cannot be doubted, judging from the large and appreciative audience that assembled to hear Dr. Herter, and if the ensuing discussion was not a very animated or critical one, this must be attributed to the fact that the practitioner of medicine is scarcely qualified to discuss the experimental side of one of the most obscure problems of pathology, however much he may be interested in the clear and lucid exposition of the subject by one who has the right to speak *ex cathedra*, as the lecturer in the present instance undoubtedly has. It is to be hoped, and it is almost safe to say, that Dr. Herter's contribution is but the first of a series in which other distinguished members of the medical profession in the United States will be represented, and that by this means we may be brought into intimate connection with the great medical centres of America. We are too provincial, and provincialism in medicine is anything but desirable.

Dr. Herter's paper is a summary of personal observation and experiment, and, though he has made "a study of uræmia that has extended over many years," he shows a reticence and a conservatism in drawing conclusions from his work that offer a striking contrast to much that is published on similar lines of investigation in current medical literature. Although he has purposely refrained from details of technique and extended reference to prior or contemporary labors of others on this subject, one is convinced by reading his paper that his investigations have been based upon a wide knowledge of the literature of uræmia and a proper appreciation of the fallacies of some of the experimental methods hitherto practiced, *e. g.*, that of intravenous infusions of urine in animals, which was the basis of the experiments of Bouchard, Teissier and others. It cannot be doubted that a solution of the problem of uræmia can be obtained only on the lines he has followed, *viz.*, the experimental study of the blood in healthy human beings and in those suffering from uræmia and other allied toxic states, and the comparison of such states with those artificially produced in animals by double nephrectomy or ligation of the ureters. The increased toxicity of uræmic compared with normal blood serum may be accepted as an undoubted fact, but it is as yet uncertain which of the retention products in the blood is to be held responsible for the clinical phenomena of uræmia, or if this condition is due to the collective action of these products. The arguments advanced in favor of any of the individual constituents found in the blood serum (urea, extractives, salts, &c.) being the sole or even the chief cause of uræmia have been shown to be insufficient, though some of these probably produce some of the individual symptoms which we are