formed by transformation at the expense of Urea, nor are the two vicarious of one another, since Dr. Christison has observed in relation to Bright's disease, that when the urine was deprived of the greater part of its urea the quantity of albumen contained in it was small and on the other hand, in cases where the urea was considerable in quantity, the albumen also was plentiful; coincident also with albuminous urine, the blood has been found to contain a considerable quantity of urea

But the morbid elimination of albumen, combined with other products in the urine of scarlatina patients, is indicative of important organic changes in the renal organs. Thus, during the primary fever and more especially towards the latter end of the eruptive stage of *S. Anginosa*, the kidneys are very liable to become congested and inflamed—the degree of inflammatory affection bearing some relation to the severity of the fever existing at the time, although by no means invariably so. The circumstances to be relied upon as indicating acute renal disease are scantiness and turbidity of the urine, the detection of albumen by chemical tests, and of numerous tube-casts of the kidney with a multitude of epithelium scales, by the microscope. These fibrinous casts are seen moulded according to the shape and size of the tubulæ uriniferæ, some firm and perfect, others broken down and irregular.

The supervention of kidney disease is sooner or later followed by dropsical effusion either into the subcutaneous cellular tissue or into some internal serous cavity or both; of this we shall merely observe that notwithstanding the general opinion that scarlatinal anasarca belongs to the class of febrile dropsies, we are much inclined to look upon it as a distinct form of *acute renal* dropsy; that is both secondary to, and essentially dependent upon the renal disease; for there is generally, if not invariably, observed a well-marked connexion between the inflammatory disease of the kidneys and the subsequent dropsical effusion: and again, careful examination of the body in many fatal cases, where the serous cavities are found full of clear fluid, cannot detect any of the unmistakeable products of inflammatory action. The accumulation must, in such cases, be considered as a mere infiltration or passive elimination, from the blood, of fluid, which is deprived of much of its albumen and consequently diminished in density.

Although the disease of the kidneys in scarlatina is manageable in the milder cases, it sometimes proves a very troublesome and obstinate affection to deal with—nay more, its ultimate consequences may be formidable for there is every reason to believe that it occasionally lays the