

has been observed in several cases of nephritis that we have examined, viz : that often the *percentage* of uric acid in cases of nephritis is very high. Were it a fact, as Kolisch insists, that the elaboration of uric acid in the kidneys is diminished on account of their diseased condition, and that the amount excreted is a direct measure of the disease present, one would expect that not only would the 24-hour urine show lessened uric acid, but so also each individual specimen. Such a condition is, however, by no means always found, for very often the percentage of uric acid in albuminous urine is on the contrary very high. The cases of *intermittent albuminuria* are particularly instructive in this connection and an examination of two such cases has been appended on the accompanying chart. The urine of these patients, while after resting, was almost entirely if not quite free from albumin ; after moderate exercise on the other hand, albumin was constantly present. The portions of the urine containing the albumin had nearly always a marked sediment of urates. In the one instance quantitative examination for uric acid showed in the morning urine (*i. e.*, after a night's rest) .0060 grs. in 100 cc., while in the same amount of urine passed later in the day, after a short walk, there was .0803 g. of uric acid. In the other case the difference in the urine before and after exercise showed the uric acid to be respectively, .0558 g. and .0698 g.

This fact then is sufficient to show that under conditions which distinctly injure the kidneys (judging at least from the amount of albumin present) the elaboration or rather the excretion of uric acid is in no way influenced—presumably the kidneys alone are not responsible for this function, and one must look elsewhere in the body for the source of uric-acid formation.