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A CLINICAL LECTURE ON THE
SYMPTOMS COMMONLY CALLED
URÆMIA.

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Montreal General Hospital.

(Delivered in the ordinary course of clinical lectures
in the summer session of 1887.)

Gentlemen,—The term uræmia, which you very frequently hear used in and about the hospital, in a general sense, explains itself, *ουρον, αιμα*, urine and blood. The two words have been combined to indicate a general morbid condition of the body in which the supposed pathological cause is the non-excretion of urea and the retention of this excrementitious material in the blood.

Your physiological studies have told you that the main function of the kidney is the withdrawal of urea from the blood, and the elimination of this substance from the body. Now, when from any cause such a separation fails to take place, urea accumulates in the system and acts as a poison, producing, as we have seen, a train of symptoms, some very chronic, some very acute; one case resembling another merely in its general outline, but each case presenting individual characteristics, and most cases ending, sooner or later, in a fatal result. Uræmia is met with in all the forms of Bright's disease, suppurative nephritis, and in cystic, tubercular, and malignant dis-

cases of the kidney. These causes may be at work for many years and the uræmia suddenly set in as the result of some exciting cause, such as pregnancy, acute alcoholism, unusual fatigue, or exposure to cold. Since the beginning of this session we have lost four patients from uræmia, and in each case the symptoms have differed from each other, but in all, the same cause of death has been at work.

The symptoms observed at the close of these four cases have been cerebral, and I propose to deal with them separately.

Headache.—A history of persistent headache ought to at once prompt you to an examination of the urine. Possibly it is more frequently met with in the case of interstitial nephritis (the small red kidney) than in the tubal nephritis (large white kidney), but in all forms of Bright's disease headache is apt to occur, and, when severe, ought to be regarded as a warning of the onset of more serious nervous symptoms.

The case of Rutherford, who died in No. 11 ward about a month ago, serves as an illustration. We found, at the post-mortem examination, that his kidneys were small, and it was thought that they had originally been of the "large white kidney" form of the disease. Distressing headache, with vomiting, anæmia and general anasarca had been the principal symptoms. His history pointed clearly to an acute supervening upon a chronic nephritis. He had been a member of the N.-W. Mounted Police, and had served in the Riel rebellion. After a severe wetting he had been obliged to sleep in