

the kidneys whatever; and if any gentleman doubts the correctness of my conclusions, I have only to ask him to make analysis in every case where he finds the patient exhibiting symptoms similar to those described, as indicating albuminuria or eclampsia, and I venture to say, that long before he shall have expended half the time, or taken half the trouble that I have, he will arrive at the same conclusion.

Whether albuminuria can exist for any considerable length of time without inducing uræmia, I am not prepared on my own observation to say, because I have had comparatively few cases under my care, but I should think not, as when the kidney is diseased, *pari passu*, its power as an eliminator must be decreased in proportion to the extent of the disease, hence a relative proportion of morbid material that ought to be eliminated will remain in the system, except the compensation by increased activity of the remaining healthy tissue in those organs. Granting that uræmia is always present in the advanced, or indeed in any stage of albuminuria, it does not follow that it must be a sequela or effect of that disease; by a parity of reasoning, the inverse would be the more probable, as while uræmia is always believed to be present when albuminuria exists, I have demonstrated (to my own satisfaction at least) that uræmia is often found without albuminuria, and hence, unless on the supposition that the conclusion may be greater than the premises, a logical absurdity, uræmia cannot be the product of albuminuria.

While, however, they co-exist in albuminuria may not uræmia exist in every case prior to albuminuria, may not uræmia exerting its baneful influence on the nervous, and through the nervous, on the sanguineous and digestive systems, loading the blood unduly with morbid matter, lessening the quantity of pure blood, and consequently decreasing or impeding the reparative process of disorganizing tissue, and still further loading the circulation with effete material, requiring a super-exalted activity of the kidneys—may not the exhaustion from the long continued, largely increased labor with the decreased reparative power, be the inducing cause of the ultimate diseased kidneys—albuminuria? I simply call attention to the subject as worthy the careful observation of those who have cases of that *opprobria medicamenta* in their charge, and if the anæmia should be found to be considerable and

the albumen little, I would recommend to reverse the recognized order of treatment, directing remedies for uræmia, with the hope that by correcting that morbid condition, the disease of the kidney might be arrested and ultimately cured.

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Would it, *a priori*, be considered strange that with a full, bounding, rapid pulse, increased temperature, skin dry, urine often very scanty, as is common in our fevers, would it, I repeat, be thought strange that uræmia in some degree should be present, and that the fever should be modified by its presence? I have no doubt that often the low muttering delirium of such fevers is due directly to that agent, and that many cases of so-called muscular rheumatism and neuralgia ought properly to be designated uræmia, and I have on that theory treated and relieved both the last named maladies which had resisted appropriate remedies for rheumatism and neuralgia prescribed by eminent physicians. I have also found many cases of epilepsy, and some forms of spinal disorders, due entirely to or much aggravated by the same cause, and in that terrible disease, cerebro-spinal meningitis, of which I fear we *know* little, excepting its fatality. I believe it will be yet found that uræmia exerts a very marked influence, if it is not directly the cause. I made careful examination in that direction in a few cases, but they were too few in number to justify the expression of any opinion from my own limited personal observation. I had intended to treat this part of the subject more fully and minutely; also to have devoted some space to treatment, and to the report of cases of which I have a number recorded, but find I have already occupied too much of your time, and will therefore only further say that I do not claim to be the only physician who believes that uræmia is not dependent upon albuminuria (although I so believed when I commenced the investigation and for some years afterwards), as I now know that Bedford and some others have expressed that opinion, but such views are not published, as far as I am aware, in any work that the general practitioner would be likely to have or to look to for information on the subject.

The theories advanced in this paper were discussed by Drs. Bennett, Hyatt, Ochterlony, and Farnsworth, after which it was referred to the Committee on Publication.