

haematuria may be the only symptom of stone in the kidney, though I have not been able to find a record of such a case in the literature to which I have had access. Dr. James Tyson in Pepper's "System of Medicine" (vol. iv.; p. 105,) writes: "Blood from the kidney, as far as my experience goes, is never discharged in the shape of clots, at least large enough to be recognized as such by the naked eye. More frequently coagula of blood are passed when hemorrhage takes place into the pelvis of the kidney. These coagula generally cause severe pain in their descent, and by this symptom are distinguished from coagula from the lower part of the ureter and bladder." We mentioned above coagula producing such symptoms were present in my patient when taking large doses of gallic acid, and this fact, taken in connection with the insomnia and other nervous symptoms, would make one careful in excluding stone (or at any rate oxaluria) from the diagnosis.

(3.) Malarial infection (other causes of systemic poisoning were also absent) which is so frequently the cause of blood or its constituents being found in the urine can be excluded in this case.

(4.) A haemorrhagic diathesis is found to account for some cases. Prof. Senator, a German, reports a case (Jan. 1st, 1891,) of haemophilia renalis in a girl of 19, in which the seat of bleeding was located in the right kidney by means of the endoscope by Dr. Nitz; as a last resort nephrectomy was successfully performed. There was a hereditary tendency in the father's family. (Retrospect of surgery by Dr. Shepherd in *Mont. Med Jour.*, April, 1891) There was no such history in my case. Paroxysmal haemoglobinuria has a different condition of the urine, and a peculiar clinical history.

(5.) Lastly, increased blood pressure, or a disturbance of the vasomotor mechanism governing that part is sometimes thought to be the under-

lying cause. Ackhurst mentions haemostatic pressure as a cause. Sajous, (1890, vol. iv.,) cites a case of haematuria occurring monthly; thought to be essential for the relief of plethora; the attacks were preceded by constitutional symptoms—nausea, dizziness, heaviness in the lumbar region, and sometimes headache—and were amenable to treatment with gallic acid before and during the expected attack.

An interesting case is reported in the *Lancet* Dec. 28th, 1889, thought to be due to increased blood pressure. It had commenced suddenly over two years and a half previously with constitutional symptoms—weakness, fatigue on exertion, chilliness, anorexia, severe burning in the soles of his feet, cramps in the toes, and twitchings of the muscles of the limbs—and had continued without symptoms local or general in spite of treatment. Lead and opium (gr. v.) with infusion of water (ʒi.), tr. cinchonae co. (ʒii.), and ergot were tried without success; he was cured with vapor baths twice a week. But he was seen last only two and a half months after the blood disappeared from the urine, and it may have returned later.

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## Correspondence.

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### A TRIP TO BALTIMORE.

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To go South in the month of April! What a pleasure it is. To leave the cold and snows of our Northern winter just as it is closing, and in a few hours to be landed in the balmy air of early spring and find the grass green in the parks and the trees just budding out.

Among the pleasures of the visit was meeting in Baltimore your co-editor, Dr. D. A. Campbell, whom I found in the laboratory pursuing his favorite study of pathology and bacteriology.