

the constant catheter, forcing of fluids, and limitation of nitrogen intake, uremia has disappeared and in some instances, following a subsequent prostatectomy, renal function has returned practically to normal.

These factors bear directly on the treatment of uremia since it is evident that the treatment is dependent upon our acceptance of one or the other of these underlying causes. In the vast majority of cases the treatment adopted is based on the theory of retention of products of metabolism. Indeed, I feel that it is wise to pursue this line of treatment in every case of uremia. When edema of the brain is present the question of mechanical relief of cerebral pressure may need to be considered. Lumbar puncture may be of the greatest value in cases with marked headache dependent upon cerebro-vascular changes. If acidosis co-exists alkali should be administered but only to the point of correcting the acidosis, not indiscriminately in all cases of uremia nor in the large amounts recently advocated. In every case of uremia it is our duty to determine if possible the underlying cause and to treat the case accordingly.