

fluid are removed with less inconvenience. In this way he has in a single case of chronic nephritis, from September 10 to December 3, 1896, removed 22,500 cubic centimetres of fluid, and during the period from October 6, 1896, to March 13, 1897, 140,000 cubic centimetres of ascitic fluid in forty punctures. During December and January a puncture was made about every third day. Four punctures of the pleural cavity were made and fifteen liters of fluid removed. The result was complete disappearance of the anasarca and complete recovery of the patient.

Ewald remarks in concluding that repeated careful estimations of the albumen in the ascitic fluid showed that it was between 0.6 and 0.75 per cent., and the amount of albumen thus removed then was equal to about 3136 grammes of meat.

The symptoms of uremic intoxication present, as is well known, a most varied picture. They may occur in acute or chronic form, from slight headache and nausea (gastric catarrh) to uncontrollable vomiting and diarrhoea, from nervous unrest and a feeling of anxiety to the severest epileptiform attacks, from the lowest grade of benumbed sensation up to deepest coma. They may present themselves in varying forms. They may appear under the form of chronic insanity, or of periodic attacks of confusional insanity, or as light attacks of delirium, or may simulate asthma, angina, pectoris or cardiac asthma; they may be complicated by hemiplegia or monoplegia, anesthesia, slight paresis, attacks of vertigo, nose-bleeding, or disturbances of sight or hearing, etc.

There is manifestly always question of an autointoxication, that is of a toxic effect of products in the circulation which should have been excreted by the kidneys. May not these products give a direct irritation or act indirectly by augmentation of the blood pressure? Nothing would seem more feasible and more likely to be of benefit than to withdraw a portion of the blood and so decrease the absolute amount of toxin and make the blood more watery, especially if the physician infuses, as does von Leube, after the venesection a certain quantity of physiological salt water. Medical men have, in the author's opinion, in recent times neglected venesection too much in such cases. Long ago, Archibald Pitcairn (1713) recommended venesection.

Bartels got excellent results from venesection in cutting short acute attacks of uremia. Kronig and Senator have recommended it after personal experience in recent years. The author is far from saying that venesection ought to be done in every case. But when the strength of the patient will permit it, and where the conditions of the heart do not