

tity 799 c.c., sp. gr. 1030, urea 17.58 gm. total solids 55.85 gm, and a slight trace of albumin. The patient was confined that evening and six hours afterwards developed convulsions. An examination immediately after gave—quantity 533 c.c., sp. gr. 1020, urea 8.52 gram., total solids 24.83 gram, and .1 per cent. of albumin. Here a month previously there was no albumin, but there was a remarkable falling off of water and the total solids and this was the time to treat the patient for eclampsia.

As to treatment, first the hyperæmia present should be relieved by encouraging the patient to refrain from drinking freely and to administer a good dose of salts on rising—these patients not being ill enough to stay in bed—followed later by the use of acid tartrate of potash, which has a marked influence in throwing off water into the intestine. Acid tartrate of potash requires to be followed by a purgative such is the compound jalap powder or some drug of that kind. Cream of tartar also acts directly on the kidney. Other drugs that are safe and which may be used as soon as the kidney has commenced to excrete more freely, are caffeine citrate, which tones up the circulation and acts directly upon the kidney, without producing any inflammatory action; it is related chemically with urea and uric acid. With regard to the exclusive milk diet, it has been pointed out by Von Noorden that a patient requires about three litres of milk a day, and as there is in this a large quantity of proteid, it is better to modify it somewhat by adding cream and carbohydrates. It has been proved that a patient on modified milk is able to live on less amount of proteid than one on ordinary milk. With soups and some of our cereals like oatmeal, flour, etc., some butter and fruits, we have a mixed diet which is better for our patient than a milk diet alone. Phosphoric acid is not difficult to get rid of, as by adding a little carbonate of lime to the food it will combine with the acid and most of it goes by way of the bowel.

In a recent dissertation, by W. Louis Chapman, on Auto-intoxication, he says in regard to urea and uric acid.

“The pendulum of opinion as to the toxicity of urea and the part it plays in the causation of uremia has swung from one extreme in which it was thought that it did not participate in any material way in its production, to the other, in which it was considered as the sole cause of uremia. Bouchard has claimed that it has but little toxic action, but the more exhaustive results of Herter have shown that it is a very important toxin factor, symptoms of uremia invariably following whenever the percentage of urea in the blood of animals exceeds 4 or 5 per cent., death resulting when it reaches 6 per cent.; or 1 per cent. of the body weight.