

ence especially to the following topics: The toxic properties of the blood of uræmic patients, the physiological and chemical changes induced in the blood by nephrectomy, and the influence of intoxications of intestinal origin upon the normal organism and upon organisms which are the seat of nephritis. That the state of bacterial activity in the intestine is capable of exerting an important influence upon uræmic conditions is suggested by the observation which I have made that the albuminuria of a dog with chronic nephritis can be strikingly increased by feeding with cultures from the stools of entero-colitis. It is also suggested by the exacerbation of symptoms which we sometimes observe clinically in human patients after gross errors in diet.¹ This relation deserves further attention, as it is of the utmost practical importance in chronic uræmias.

I had hoped to refer this evening to methods of treatment in uræmia, but am conscious of having already overstepped the limit of time imposed by reasonable usage.

¹ Nephritis and uræmia may also arise in children as a consequence of intense entero-colitis.