

the case well illustrating the necessity of a diagnosis where headaches persist.

More of the renal lesion, for than in adults, one is never of a kidney unless the

as acute or chronic? To tend to the task; certainly one would tend to the diagnosis of a renal kidney is extremely rare in children. More especially in the urine of low specific gravity persisting throughout the disease, the markedly increased quantity when once recovery was established, the advanced albuminuric retinitis, which even under any condition is extremely rare in children, and lastly, the persistent thirst. In the light of such a diagnosis the ultimate outlook would be proportionately serious, these cases reaching a lethal termination in a much shorter period.

#### CASE II.

##### **Acute nephritis ushered in with symptoms simulating appendicitis**

The victim of this affection was a young man aged 26 years, whose illness was preceded by distinct exposure to cold. Following upon this was general malaise and a vague feeling of abdominal discomfort, nausea and vomiting. The bowels were constipated. On the next day the abdominal discomfort was more marked, and tenderness in the right iliac fossa pronounced.

An enema was administered, and after three hours the pain on pressure immediately outside McBurney's point was even more distinct. Palpation in this area revealed a finger-like body which was painful to pressure, and, so far as could be estimated, was the swollen appendix. The temperature was  $100.5^{\circ}$ . The pulse 96. On the next day, however, examination of the patient revealed but little tenderness in the affected area, even on deep pressure, while on the other hand the lumbar region became markedly painful. The temperature now reached  $101.5^{\circ}$ , but the general symptoms were no longer those of appendicitis, whereas the urine on examination revealed all the characters of an acute hemorrhagic nephritis. Repeated tests of