

the part of our Canadian brethren. We feel assured that they will not repent of their act, but will regret that they had not been members from the commencement, as the annual subscription would have already secured to them a most valuable selection of works, constituting of itself a library of no equivocal value.

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## PERISCOPIC DEPARTMENT.

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### MEDICINE.

#### REMARKS ON ALBUMINURIA, MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

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Again, the frequent dependence of Bright's disease on hypertrophy and valvular disease of the heart has been referred to. The nature of this dependence needs explanation, at least to my own mind. It occurs, as will be seen hereafter, much more frequently with hypertrophy alone, or with hypertrophy and mitral disease, than with obstruction at the aortic opening. This may be saying no more than that enlargement and deformities of the mitral valves are in themselves more common than disorders of the aortic valves. But it occurs with obstructive changes in the latter valves occasionally. This would seem to preclude the supposition that the secondary renal affection arises from crowding the kidneys with blood through the increased size and strength of the left ventricle. Still, the point has not yet been studied with the care which will authorize us to say that our data are positive and reliable. But there are grave nervous disturbances in hypertrophy and valvular disease, as seen in the irregular occurrence of palpitations and dyspnœa. It is possible, then, that this nervous agitation may be reflected upon the nerves of the kidneys, as it is upon those of the lung. The kidney affection cannot, in the present state of our knowledge, be referred to an unnatural condition of the blood; for such unnatural condition has not been demonstrated, and there are no symptomatic evidences of it up to the time when the complication usually occurs. Thus, then, we must say that hypertrophy and chronic valvular affections of the heart are frequent causes of Bright's disease; and we cannot at present explain satisfactorily the mode in which one organ acts on the other.

It is perhaps equally difficult to explain the mode in which pregnancy produces Bright's disease. The theory that it depends on the pressure of the gravid uterus upon the abdominal aorta below the origin of emulgent arteries, and the consequent surcharge of the kidneys with blood, though sustained by the authority of Rayer and Litzmann, has not the full support of experiments. Mr. Robinson (*Med. Chir. Trans.*, vol. xxvi., p. 74) found that in tying the abdominal aorta below the emulgents in two rabbits, only one of them secreted albuminous urine, and the quantity of albumen in that one was but small. I have not seen the report of Frerich's rehearsal of the same experiments, but it is stated (*Brit. & For. Med. Chir. Rev.*, April, 1852, p. 244) that he arrived at the same results. This is not a very solid foundation for an hypothesis, and yet it may give color to the opinion, especially when it is remembered that the animal which furnished the albuminous urine only lived ten hours, and the other was killed in forty minutes, while the uterine pressure, if it exists, lasts for months. But the well-known gastric and mammary sympathies of pregnancy demonstrate a wide range of nervous relations, and suggest the theory of reflex