

(4) *Urinary signs.*—It is mainly to a consideration of the condition of the urine that the differential diagnosis between this disease and interstitial nephritis will rest. The polyurea and granular casts of interstitial nephritis do not occur, although in the urinary deposit from a case of hyperpiesia epithelial cells and hyaline cast may be found, granular casts are rare, the specific gravity is not much lowered, nor has the presence of albumen when found the same relationship to meals and exercise as in interstitial nephritis.

Heart failure, as evidenced by the usual syndrome of a tired-out myocardium or apoplexy, are the two most common fatal terminations. In connection with cerebral haemorrhage one may perhaps be allowed to refer to a point of practical importance. Cerebral haemorrhage, even when occurring in a patient with decrescent atherosclerosis, may be associated with a very high blood pressure. If the patient has not been seen previously, the existence of the high pressure may wrongly suggest the advisability of a venesection, for in such a case the rise in pressure is a conservative process, nature's attempt to preserve life by forcing blood into vital centres "blanching under the effects of cerebral pressure from the haemorrhage." On the other hand, if the high pressure was the primary cause of the giving way of the arterial wall, a prompt venesection may save life. An examination of the heart may give us the clue we require; in the absence of hypertrophy the observed high pressure is probably transient and conservative, whereas its presence would suggest that the high pressure preceded the haemorrhage.

Death may also be caused by pulmonary infarct, an acute and rapidly fatal oedema of the lungs, or a terminal pneumonia, the latter not being uncommon in these patients.

Nothing definite is yet known as to the underlying cause of this disease. It has been suggested that an alteration in metabolism leads to the presence in the blood of a vascular irritant poison, which, producing an arterial constriction, raises the blood pressure, circulatory changes thus produced in turn further hamper the normal metabolic processes. In any case a vicious circle appears to be set up which, if not artificially broken, leads within a few years to a fatal termination.

The treatment is primarily dietetic, and this alone in the early stages may be entirely successful. Alcohol, tea, coffee, soups, meat extracts, gravies, tobacco, salted or tinned foods must be strictly eliminated from the diet. Other animal foods (procured by the death of the animal) more or less restricted according to the patient's condition. Animal foods, which do not necessitate the death of the animal, for example, eggs, milk, or cheese, are permissible; also cereals, fruits,