

The following is an example of the difficulty encountered at times in differentiating clinically various forms of toxæmias from true nephritis with uræmia.

S. E., age 55, admitted January 3, 1911, in a drowsy toxic condition. Had a history of chronic bronchitis of long standing associated with dyspnoea. The present illness dated back two months, during which time the condition had become exaggerated. Temperature was 99-100 degrees. Blood pressure 160 mg. The physical examination of chest revealed a bronchitis and some myocarditis. The urine output was small, S. G. 1030 acid, albumin 4 G. to liter, hyaline and granular casts. The physician in charge made a note saying "patient is certainly in uræmia" and treatment for uræmia was instituted. A phthalein test, however, showed an output of 52 per cent. for two hours which indicated a function not markedly impaired. Some days later the temperature rose to 103 degrees and definite physical signs of a pneumonia became apparent. Patient recovered. We have had another almost identical case of pneumonia in which the phthalein cleared up the diagnosis.

URÆMIA.

In 21 cases under study uræmia has been present. Of this number in fourteen the uræmia was grave, the patients exhibiting nausea, vomiting, drowsiness or coma, and in several instances convulsions. In the remaining seven, mild symptoms only were present and had persisted over prolonged periods. Nine of the fourteen cases with grave uræmia died during the attack. *In eight of these cases the phthalein elimination was zero, or a faint trace only for two hours.* In the other case an acute exacerbation of chronic nephritis the patient excreted 201 for two hours. He died one week later. Autopsy: marked acute nephritis, superimposed on a slight chronic nephritis. Of the five cases recovering from their uræmia, the output in two instances was 20 per cent., the uræmia being the result of an acute exacerbation of a chronic nephritis. In two the output was 14 per cent., in both of these the uræmia was precipitated by a double pyelonephritis. The fifth was an acute exacerbation in a case of chronic pyelonephritis in a man previously having had a nephrectomy. This last patient has greatly improved, and at present has a two hour excretion of 13 per cent.

In the seven mild cases, exhibiting slight but persisting symptoms of uræmia, the excretion respectively was as follows: 10 per cent. in one, 7 per cent. in three cases, a trace in one, 2 per cent. in the other for two hours. Four of these died within three months of the performance of the test. Those living are still exhibiting evidences of chronic uræmia, four months having intervened in one instance.