

Mr. B. called at my office complaining only of headache and weakness. As he told me I was the ninth doctor whom he consulted I made a thorough investigation of his case. His urine had a few granular and hyaline casts, and the specific gravity rarely ever went up to 1.010. This, together with some other confirmatory symptoms induced me to treat him for uræmic poisoning, and although he did not get well, and in about a year afterwards died, yet I gained some warm friends. I have passed over several cases in which I afterwards discovered my error, but how many I passed over without finding out, I know not.

An old lady had been suffering from extreme nausea for some time. Her pulse and temperature were normal. She rarely vomited, but had frequent retchings. Her urine was found to be albuminous, and appropriate treatment gave immediate relief.

W.A., aged 56, had for years been subject to attacks of vomiting and purging, with severe headache. These attacks occurred about every three or six weeks. In the interval he would appear quite well. During all these years the physician treated him for bilious attacks, without ever examining his urine. He had cirrhosis of the kidneys, of which he died about a year after I saw him.

Another form of this trouble is chronic diarrhœa. An old lady over seventy years of age was subject to chronic diarrhœa, for which she had consulted many physicians. She said that all those she had consulted had checked the diarrhœa to a certain extent, but that she always felt worse when it was stopped. I agreed to send her medicine by stage. By the same messenger I was sending a gonorrhœa mixture to the old lady's son. The mixture became changed. The old lady took the gonorrhœa mixture, and was cured of her diarrhœa, while the son declared that that last bottle hadn't done him a bit of good.

A somewhat similar case occurred in an old lady aged seventy-eight. Her daughter consulted me about her mother being troubled with chronic diarrhœa or which they could get no relief. I was struck by a remark which she made that her mother felt very ill when her bowels did not move freely. I prescribed a saline cathartic in small doses, and asked her to send me a sample of the

urine next day which she did. It was more than half albumen. The old lady got great relief from the saline, and lived for nearly two years when she died, of what complaint I do not know.

Cases of acute mania, due to uræmic poisoning, are reported, but I have never seen one. It has been mistaken for typhoid fever—indeed I now suspect that I committed that mistake myself in a case I saw in consultation, which makes it the less excusable.

The diagnosis cannot be made with certainty without an examination of the urine. Two classes of cases occur: one with high specific gravity and much albumen, the other with little or no albumen, and very low specific gravity. If care is taken to eliminate sugar and albumen, the specific gravity may be taken as a fair indication of the general amount of solids being excreted, and of the condition of the kidney.

But in the presence of albumen the quantity may be fair and specific gravity high, and yet your patient go into convulsions. In such cases if the albumen be eliminated, the specific gravity will be found to be very low. This would seem to show that it is not the secretion of albumen, but the retention of other excrementitious substances which produces the convulsions.

When the diseased condition of kidney has come on gradually, it is extraordinary how little solids may be excreted by the kidneys and the patient live. In one case coming under my notice, the amount of urea excreted was less than one-eighth of the normal, and in a case in the charge of Dr. Hodge, I am quite sure the quantity is much less than that. In such cases the urea has found new channels of exit through other organs. The four great channels of elimination are (1) kidneys, (2) alimentary canal, (3) skin and (4) lungs. If the change in the kidneys comes suddenly, the poisons thrown on the system do not readily find egress through the other organs, and produce serious symptoms. But if the change comes gradually the other organs increase their powers of elimination, and life goes on with a certain amount of disturbance.

The question will occur to the mind of everyone, is it necessary to examine, as a matter of routine, the urine of every patient? Not by any means. A careful study of the pulse and of the