

ciency. But such infections are by no means always terminal states. It has been shown by Welch and others that patients with chronic nephritis are especially susceptible to infection, and it often happens that a patient with chronic diffuse nephritis develops grave cerebral symptoms at the time of a trivial infection which causes a tonsilitis, a slight bronchitis or an otitis,—symptoms which we very properly look upon as uræmic, but from which there is apparently complete recovery.

Reference has already been made to the fact that the urea content of the blood was found to be almost regularly increased in persons dying of acute lobar pneumonia, in other words, that renal insufficiency for urea is a characteristic of fatal pneumonias. This observation suggests the question whether we are to regard a markedly excessive accumulation of urea in the blood as an indication of uræmia even in the absence of typical clinical indications of uræmia. I strongly incline to the view that we should extend our conception of the term uræmia to include every case of renal insufficiency for urea although well defined uræmic symptoms be wanting. It has been made clear that typical uræmic symptoms may arise in persons whose blood shows no increase in urea, but this fact does not deprive the accumulation of urea, salts, etc., of clinical significance; it merely illustrates that the pathological basis of what is clinically termed uræmia is not always the same. It seems to me desirable that we should regard any toxæmia as uræmic which can be shown to depend on the incapacity of the kidney to perform the functions of a healthy kidney, whether these functions consist simply in the elimination of substances as they exist in the blood furnished by the renal artery, or whether they shall be shown also to consist in the transformation of certain elements of the blood previous to elimination.

Again it is only rational that we should recognize that the essential elements of a uræmic intoxication may exist without being present in such a degree as to cause obtrusive and typical uræmic symptoms. Or, to restate the fact in a different form, *we should recognize that there is such a thing as a latent uræmic intoxication.* Such a latent uræmia is probably present in many forms of disease, especially acute disease, such as pneumonia, where the kidney is the seat of lesions, and in chronic nephritis. In the former condition it constitutes a complicating state.

The fact that such a toxæmia may be masked by associated conditions or may be in itself unrecognizable clinically does not prove that it is a state which exerts no influence in determining prognosis.

In conclusion a word must be said about the most obscure type of