

should take place. Until recently the mediastinal and mesenteric glands were the chief source of attention in this important department of absorbing power. In this field of labor Dr. Philipson and Professor Redfern have certainly rendered most valuable service. The lacteals and lymphatics are constantly occupied in supplying the blood with fresh material, from two great sources of life, air and food, and thus become supplementary to the general vascular system. It is a settled point that in the extremities, the deep and superficial lymphatics communicate only in the glands, and that the pleura, peritoneum and pericardium, are not closed cavities, but immense lymph sacs, communicating with lymphatic capillaries, by means of stomata. Thus we observe the existence of an additional lever as to the absorption of abnormal products, and a system of escape, into the general lymphatic channels. Hoggan (*Journal of Anatomy and Physiology*) has defined a newly observed disease of the lymphatics, viz., multiple lymphatic nævi of the skin, thought to be quite as common as venous nævi, which it frequently complicates, and is also the initial or predisposing stage of other diseases, such as lymphatic varix of the larger vessels, and also of elephantiasis. Dilatation of lymphatics is most common in warm and moist climates, and to Manson we owe the interesting discovery, that a prolific cause of dilatation in these vessels, is owing to plugging by the aborted ova of the "*Filaria sanguinis hominis*." The causes and processes of disease, now occupy more attention than anatomical results; and the experimental production of disease is slowly working its way, and will doubtless lead to very important data. How strangely blood, the great vital fluid is disposed, and its abounding leucocytes. What their function, or what part they play in the economy, is yet unsolved. From the fact of being in the blood so abundantly, we would suppose an intimate relationship, with life-giving processes of action. On the other hand however, we note numerous masses of leucocyte-shaped cells, in the vessels surrounding, rapidly developing sarcomatous tumors. Are there leucocytes of life, and leucocytes of death? Long since the blood was considered as the source of cancer, and certainly the close affinity of leucocytic action becomes an exceedingly interesting physiological problem. Another constituent of blood intimately associated with structural development, and at

times ejected as abnormal material, is albumen. Clinically its importance has undergone considerable modification, as far as constantly being a factor of organic disease is concerned. In truth it is known that we may have kidney disease, minus albumen, and *vice versa*. Johnson, of King's College, London, affirms that "the smallest trace of albumen in the urine is always pathological." It is "the frequently recurring and persistent albuminuria which is found to be sooner or later associated with serious structural degeneration of the kidney." By far the most numerous cases of albuminuria, are those occurring in persons supposed to be healthy, but who at some previous period, have had an attack of acute renal trouble. Quasi health with latent disease, frequently follows such attacks, and cannot be too cautiously guarded. It is interesting to have in view the fact that while urine voided before breakfast, and after a night's rest, is free from albumen, yet, after food and exercise, it may become abundant. Renal or non-renal albuminuria, is the question. It is known that frequently, both before and after menstruation, for a few days at least, the urine may contain a small quantity of albumen. Various trivial causes are cited as producing albumen in the urine, and amongst others, indiscretions of youth. The absence of constitutional evidences of renal disease, with urine normal in every other particular, excepting albumen, would point to a local origin, non-renal in character. Albumen under any circumstance cannot be too critically examined. In Canada my observation leads me to the belief, that the most prolific source of kidney-trouble, is alcohol; not alcohol in large quantities, but the quiet, and regular use, in the daily round of life. Many escape this disease, thanks to the power of their kidneys, but on the other hand, not a few come to grief. Night micturition is an early indication, and alcohol has actually been found in the urine, having escaped thus, from the over charged system. Albumen is, then, only sometimes present. Too much stress cannot be placed on the power which alcohol exercises on the system, even in moderate form, towards the development of albuminuria. The study of diseased manifestations, naturally leads to the means at our disposal, the therapeutic lever, and how to be applied. The only true method by which practical results can be achieved, is by experiments on the lower animals;