

presence of blood. According to Wohlgemuth<sup>13</sup> and to Corbett,<sup>14</sup> blood accelerates diastatic activity.

Wohlgemuth<sup>15</sup> and Neumann<sup>16</sup> do not consider that the presence of albumin affects the diastatic activity of the urine, while Corbett and Geyelin<sup>17</sup> think that it may, claiming that higher findings are encountered in cases with marked albuminuria.

In the sixty diastase determinations made, the presence or absence of albumin was noted in fifty-six instances, with forty-eight positive findings. Exact quantitative studies of the albumin content were not made, the amount present being indicated as a trace, +, + +, etc.

In the twelve cases of mild nephritis six cases showed a normal or high "d" value. In none of these was there much albumin in the urine, but in three the guaiac test was positive. Only once (Case 7) was much albumin present, the "d" value was low, but later with less albumin the "d" sank to 0—blood still persisting in the urine.

In fourteen cases of more severe nephritis much albumin was present in five instances and in two of these a normal "d" was encountered. One of these cases (No. 19) had normal function indicated by all other tests except the salt test, so that it is not necessary to assume that the albumin was responsible for the high "d" value in this instance. In Case 17, despite the presence of large amounts of albumin and the presence of blood, a zero "d" value was present.

In fifteen cardiac cases much albumin was present in three instances and a normal diastase value only once. Case 29 with about the same amounts on each occasion gave a 0 value at first and a normal one later. The patient died. The phthalein here showed definite functional impairment, 23 and 18 per cent. for the first and second hours, respectively—the first hour reading being probably the truer index to the function.

In fifteen cardiorenal cases much albumin was present in four cases and normal diastase once in three of the four cases in which it was determined. In the series of severe renal and cardiorenal cases, twelve instances of marked albuminuria were found and in only four cases was "d" normal or higher, while in four it was 1.7 or 0.

Analysis of our data does not indicate that albumin plays a great rôle in activating diastase. Are we justified, then, in ascribing high or normal values in the presence of marked albuminuria to activation of diastase by the albumin? In Case 19 we have an instance of hyper-

13. Wohlgemuth: *Ztschr. f. Urol.*, 1911, v, 801.

14. Corbett: *Quart. Jour. Med.*, 1913, vi, 365.

15. Wohlgemuth states that with the technic here employed no activation occurs unless the albumin is present in large amount.

16. Neumann: *Deutsch. Arch. f. klin. Med.*, 1913, cxi, 164.

17. Geyelin: *THE ARCHIVES INT. MED.*, 1914, xiii, 96.