

If we look at the clinical history of Bright's disease properly so called, with a view to classifying it among one of the preceding groups, we find that it cannot be placed exclusively under either of these heads. It is a mixed albuminuria, *i.e.*, its complicated etiological mechanism contains all the other three mechanisms of the other classes of this affection. Analysed in this way, Bright's disease reveals a constant evolution and a harmonious relation between the nature of the cause, the etiological mechanism, the chemical and anatomical alterations, and the clinical form. The *modus operandi* is as follows: *a.* The gradual effect of moist cold on the skin. The gradual action of moist cold is the only cause of true Bright's disease. Other causes produce albuminuria and lesions that differ from the true type. *b.* The respiratory functions of the skin decrease gradually, till they cease completely. Their absence gives rise to the following disturbances, which appear at the same time, and are closely connected with each other: 1. Cutaneous ischæmia; 2. Accumulation in the blood of matter which ought to have been excreted by the skin; 3. Alteration of the albuminoid bodies, so that those which originate from the peptones are not assimilated; 4. Decrease in the combustion of the albuminoid bodies, and consequently in the production of urea.

If it were possible to arrest for a moment the harmonic solidarity of all the organs and apparatus, the kidneys might be excluded, as it were, for a certain time, during which first period they would be in no way connected with the true pathology of Bright's disease. But a similar abstraction can only be conceived in order to show that the anatomical lesions of the kidney are only a secondary process, and do not constitute the initial lesion of Bright's disease.

The four aforesaid causes produce the following effects upon the kidneys:

1. Renal hyperæmia. (Increase of pressure).
2. Irritating effect of the said hyperæmia, owing to the accumulation in the blood of substances that ought to have been excreted by the skin, and its dyscrasic condition in consequence. (Inflammatory effects.)
3. Elimination of the albumen through the

kidneys (the depuratory organs *par excellence*), because, the constitution of the albumen being altered, owing to paralysis of the skin, it has become an useless substance, and may almost be regarded as a foreign body in the organism.

4. The progressive decrease of the urea in the urine is the result of the decrease in its production.

Thus we have a twofold series of effects, that are closely connected with and complement each other, *i.e.*: 1. The general nutritive lesions, with all their characteristic consequences; 2. The anatomical development of the inflammatory process of both kidneys, from the first stage to the last. These two series of disturbances constitute Bright's disease, or Bright's albuminuria.

The differences which exist in the clinical form of other albuminurias, and the combination of various final anatomical lesions existing in the same kidneys, depend entirely on special etiological causes (alcoholism, gout, syphilis, etc.), which modify the general condition of the individual, and consequently add to the renal lesions that are peculiar to the inflammatory chronic process other elements that vary according to either the nature of the alteration, or to their seat being more or less confined to one or the other of the different histological elements which constitute the kidneys. It follows that true Bright's disease has nothing to do either anatomically or clinically with any of the other species of albuminuria, whatever may be their origin. I also believe that it is not at all true, though affirmed by several authors, that Bright's disease may be caused by alcoholism, gout, etc. Whether considered from a scientific or a practical point of view, this appears false; because it is a well-known clinical fact that there is such a thing as albuminuria caused by gout, alcohol, etc. And each one of these affections corresponds to general nutritive alterations, which differ not only according to their etiology, but also are represented anatomically by considerable alterations in the kidneys, which in some cases are due to nephritis. These alterations, however, vary very much, so far as regards the affected spots; sometimes they are restricted to one kidney alone (embolic nephritis, pyelitis, stone, syphilis, etc.). If