

of increased quantity, or altered quality, of the albumen in the blood, is in the main determined by the state of the glomerular epithelium. This when in a state of lowered vitality permits the egress of a fluid more of the nature of a transudation: the less the vitality of the epithelium the more nearly does the fluid resemble a filtration in its constitution, and as a result of this loss of selective and controlling power the proteids of the blood-serum may sink to a percentage much below the normal.

These considerations, while applying to the graver forms of Bright's disease, are capable of explaining also many cases of transient albuminuria. Temporary determination of blood to the abdominal organs, with slight engorgement and slowed venous outflow; pressure upon the kidneys, or obstruction to the renal vessels; increased viscosity of the blood and diminished rate of flow; imperfect respiration, incomplete oxygenation of the blood, and the presence of excess of carbonic acid; imperfect metabolism of food-stuffs; direct irritation by some specific substance—these, singly or in combination, by temporarily lessening the rate of flow through the glomeruli and thus producing imperfect nutrition of their delicately sensitive walls, or by directly leading to such imperfect nutrition and lowered vitality, will I think be found sufficient to explain most if not all the cases of transient albuminuria, febrile, toxic, puerperal, and functional.