exceptions to a dogma which was formerly held to be absolute. More exact methods of research and the application of more delicate tests have doubtless added largely to our knowledge of the conditions under which albuminuria occurs, yet it is not so much to new methods and reagents, as to the recent changes in the theories of urinary secretion, that this change in public opinion is due.

Since, then, we are no longer justified in regarding all forms of albuminuria vera as symptomatic of severe organic changes in the kidney itself, or of morbid systemic disturbance, we must distinguish the physiological or harmless from the morbid albuminuria. There is, of course, no hard and fast line of demarcation between these two forms of albuminuria any more than there is between health and disease, but one form passes into the other. Yet few questions are of such importance to the practicing physician as this. In his capacity as medical adviser to insurance companies he has to decide whether he will follow the rule of rejecting any candidate who has albumen in his urine and thus deprive his company of many good risks or decide for himself whether or not a given case is one of functional albuminuria, thus incurring the risk of passing a candidate who has incipient nephritis. The natural tendency of both insurance companies and their advising physicians is to err on the safe side, and they adopt the former alternative. This Dr. Tyson has recently shown* in many cases to be unfair to both candidate and company. Of no less importance is the power to differentiate these two forms of albuminuria in private practice. Dr. Tyson, in the article above cited, points out the following considerations which should have influence in forming a diagnosis, viz., absence of tube casts, absence of albumen in morning urine, and a high real specific gravity (*i.e.*, of the urine for twenty-four hours) in a person under 40 years of age, are indicative of functional albuminuria, while a large quantity of urine, the presence of casts, of cardiac hypertrophy and arterial tension, the presence of the gout or of Bright's eye, are, of course, indicative of renal mischief. But, apart from these symptoms, the examination of

* Philadelphia Medical News, Nov. 1888, p. 545.