

into definite nephritis, but disappears with improvement in the general condition.

Albuminuria of Non-febrile General Disease is found, especially, in diseased conditions involving the blood, such as anaemia, leukaemia, scorbutus, and jaundice. The albuminuria, in such conditions, is largely to be accounted for by the blood condition and the circulatory disturbances which so often accompany the primary disease. It is true that, in a certain number of cases, epithelial changes have been found in the kidneys; but these are by no means constant. As a rule, prognosis will be guided by the general condition of the patient. The albuminuria is an expression of profound disturbance, and will, therefore, be a factor to be taken into consideration in guiding prognosis.

Albuminuria occurring in the course of diabetes mellitus seems to stand in a different category. It has been ascribed to the excessive ingestion of eggs; but, in the majority of cases, it is the expression of an insidious nephritis of the interstitial variety, and the patients, for the most part past middle life, show cardiovascular changes. The question of prognosis is a mixed one; for when interstitial nephritis develops in the course of diabetes, amelioration may take place in the diabetic symptoms and glycosuria may disappear. The prognosis then becomes that of chronic interstitial nephritis complicated with hyperglycaemia; that is to say, it is always grave.

Albuminuria due to Circulatory Disturbances is common in cases of cardiac disease with loss of compensation and passive congestion of the kidneys. In these cases, imperfect circulation leads to deficient oxidation and secondary changes in the renal epithelium. An additional causal factor will be found in increased pressure in the renal veins. The quantity of albumin present is usually small, and examination of the centrifuged deposit will exclude nephritis. Prognosis will depend upon the influence of therapeutic measures in improving the circulatory condition; with improved general circulation, kidney function is re-established, and a diuresis follows, with disappearance of the albuminuria.

Proteinuria.—Bence-Jones's proteinuria, in the majority of cases, occurs in instances of multiple myelomata; though it has been found associated with other pathological conditions, such as leukaemia, chloroma, lymphosarcoma, myxoedema, and carcinomatous metastasis. The recognition of the protein depends upon its relatively easy precipitation below the boiling point, while, on boiling, the solution tends to clear. The prognosis depends, not on the proteinuria, but on the primary disease. As a rule, it is utterly bad; many sufferers only survive the recognition of their complaint a few months. Cases are on record of a much longer duration, however; one, indeed, where the condition persisted twelve years, and the patient appeared to enjoy fair health. Such cases are, however, exceptional; as a general rule, the recognition of proteinuria justifies a very grave prognosis.

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