

examination of the urinary deposit fails to reveal any spermatozoa. Crystals of oxalate of lime are very often found in the urine and it has been thought that the albuminuria may be brought about in some way by the direct irritation of these crystals. Still this fails to explain its leading characteristic anomaly, i. e. the influence of posture, and it is difficult to think that this can be due to anything except a disturbance of the normal compensating vaso-motor reflexes which, as already mentioned, occur on the assumption of the upright posture. These vascular reflexes are really of great importance and it is only of recent years that they have been understood. In every movement of the body gravity would influence the circulation unless these protective reflexes counteracted the effect. The well known syncope or tendency to syncope which is so liable to occur on the assumption of the erect posture during convalescence from an acute illness is another illustration of the same phenomenon. Some writers have supposed that postural albuminuria is dependent on a simpler cause than that outlined above and that the erect posture leads to some kinking of the renal vein owing to unnatural mobility of the kidney. Still the class of patient in which functional albuminuria occurs is totally different to that in which movable kidney is known to occur, although it must be admitted that in well recognized cases of movable kidney transitory albuminuria is not uncommon.

Postural albuminuria, however, is unfortunately not always of functional origin and it must be recognized that an albuminuria having all the characteristics of a postural type may be seen in some organic lesions of the kidney. Thus it may be seen in slight nephritis and it may also occur as a more or less terminal phenomenon in convalescence from more severe nephritis and lastly it may be present in such a serious organic disease as granular kidney. The diagnostic problem would be very simple if we could feel certain that a postural albuminuria was always significant of a mere functional disturbance, but there is now abundant evidence that in cases of nephritis that recover and where the albumin ultimately completely disappears, there may be a period prior to its disappearance where it has all the characteristics of the