

In prosecuting the important practical inquiry into the probable cause of a recently discovered albuminuria, we shall not unfrequently come upon a history more or less clear and definite of an acute nephritis, either with or without dropsy, dating back for a period varying from a few months to several years. The acute renal disease may have been the result of exposure to cold and wet, or it may have occurred in connection with one or other of the following diseases: scarlet fever, measles, diphtheria, erysipelas, typhus or typhoid, pyæmia, rheumatic fever, etc.; or it may have been associated with the puerperal state, either before or after parturition. The acute symptoms having passed away, convalescence has appeared to be established; but, in some cases, the patient having been kept under careful observation, the albuminuria has been found to continue for months and years. In other cases, there has been a less careful and prolonged observation, and the history, therefore, is less complete. Convalescence having been apparently established, no further examination of the urine had been made until after an interval of months or years, when albuminuria is found to be present, and there is great reason to believe that it has continued from the time of the previous illness. The practical lessons to be deduced from facts, such as these, which are matters of every-day observation, are: 1. To test the urine for albumen repeatedly during the progress of all febrile and inflammatory diseases until convalescence has been completely established; 2. When, in the circumstance referred to, albuminuria has been found to exist, to keep the patient under observation, and to test the urine until it has been found continuously free from albumen; care being taken to test for albumen not only after rest in bed and before breakfast, but after food and exercise. As a general rule, it will be found that, whatever may be the cause of the albuminuria, the albumen is twice as abundant after food and exercise as before breakfast; and I have met with a considerable number of cases in which the urine before breakfast having been free from albumen, is found to be more or less copiously albuminous after food has been taken. In all cases, therefore, of actual or suspected albumin-

uria, I ask to be supplied with two specimens of urine: one passed on rising in the morning, the other secreted two or three hours after a meal. In some exceptional cases, food has less influence than exercise on the production of albuminuria. A distinguished London physician, whose successful career was cut short by degeneration of the kidneys, found that, at the onset of his malady, albumen appeared only occasionally after walking exercise, when it was present in large amount. Food at the commencement appeared to have no influence on the production of albuminuria; but after a time there was persistent albuminuria, and ultimately death from uræmia.

In another class of cases of latent albuminuria, there is no history of any previous illness to explain the renal disorder. Dr. Dukess in the paper before referred to, speaks of the common occurrence of such cases amongst the boys at public schools. From a careful inquiry into cases of this kind amongst boys and young men, I am convinced that one of the most frequent causes of this form of albuminuria is the reckless manner in which they often expose themselves to cold and wet, especially after being overheated and fatigued by prolonged or violent exercise. A boy plays at cricket or football, or runs a long race, and then, while tired and perspiring, and while the products of disintegrated tissues are abundantly present in the circulation, he stands about until he is chilled, or he lies down upon the damp ground; and if, as sometimes happens, an attack of acute pneumonia or renal dropsy quickly follow, the illness is at once recognised and traced to its obvious exciting cause; but if the only result be albuminuria without obvious disturbance of the general health, the mischief may remain latent for any indefinite period, and when at length it is discovered, it may with difficulty be traced back to its originating cause.

Another not uncommon cause of albuminuria in young men and boys is imprudently prolonged cold bathing. In the *Transactions of the Clinical Society*, vol. vii., p. 42, I have given particulars of four cases of temporary albuminuria excited by cold bathing. Since the publication of that paper, I have met with several cases of confirmed degeneration of the