that, though albumin cannot be demonstrated in every healthy urine, yet, under physiological conditions conditions quite within the limits of health it may appear in such quantity as to be easily demonstrable by ordinary tests. This form of albuminuria occurs in healthy individuals before middle life, at intervals, and *only in response to some definite stimulus or strain*, such as a heavy meal, unusual exertion, cold bathing, mental excitement, etc. If the urine be examined with the centrifuge, a few hyaline casts and cylindroids will be found, but no epithelial or granular casts. The albuminuria in such cases has no definite pathological significance, and the prognosis is good. Take, for instance, the athlete at the commencement of training: exertion may produce albuminuria, but as training proceeds, similar exertion may no longer produce it.

Cyclical Albuminuria is distinguished from the physiological variety by the fact that no special exciting factor is required for its production, and the condition cannot truly be considered physiological. It occurs in young persons, who are frequently of poor nutrition and with a somewhat defective, atonic digestion. The urine shows a fairly high specific gravity, easily deposits urates, and contains albumin. The latter follows a recognized cycle: on rising, the urine is free from albumin; but it appears during the morning hours; it reaches a maximum in the early afternoon; and it diminishes in the evening. The centrifuged deposit may show a few hyaline, but never epithelial casts. Cardiovascular changes are entirely absent, and the blood pressure is not above the normal. In these cases the prognosis is favorable. The patients are somewhat weakly individuals, whose digestion requires care and attention, but they do not ultimately develop nephritis. Under care they may, and do, enjoy good health; though the albuminuria may persist for years, it ultimately disappears, and the expectation of life seems unaffected by the condition.

Febrile Albuminuria.—During an acute infectious disease, it is common to get a small quantity of albumin in a urine which, otherwise, does not give the characters of a nephritic urine. It is possible that, in such cases, circulatory disturbances may come into play; but the main causal factor is cloudy swelling resulting from infection and intoxication. Strictly speaking, such an albuminuria must be regarded as the first stage of an infectious nephritis, which may or may not develop into a definite nephritis. The presence of the albuminuria shows that the fever has had a marked effect on the organism. The general condition of the patient is often serious: the temperature is high, the pulse frequent, and dyspnœa and collapse may supervene. Most of these symptoms are, however, dependent upon the general disease, and not upon the renal disturbance. Prognosis will, therefore, be governed by the general condition. The albuminuria is merely an expression of the profound nature of the general disturbance, which has given rise to cloudy swelling of the tubular epithelium. In the large majority of cases, febrile albuminuria does not develop