to imminent dissolution. I have twice found the radial pulse absent, and in both instances death followed within thirty-six hours. Severe vomiting and diarrhœa, and acute abdominal crises which may simulate appendicitis, are also grave signs. The onset of acute infections, such as influenza or pneumonia, makes the outlook almost hopeless. A high differential count of lymphocytes has been regarded as an unfavourable sign: this is probably because it points to the co-existence of the status lymphaticus which favours sudden syncope or death.

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ALBUMINURIA. (*See also* NEPHRITIS). The question of prognosis when albuminuria is present must in the first place, depend entirely on accurate diagnosis. Albuminuria may result from contamination of the urine by an albuminous liquid, such as blood, pus, or spermatic fluid. Such albuminuria is spoken of as spurious, false, or accidental albuminuria, and should be sharply differentiated from true albuminuria, where the albumin enters the urine from the glomeruli or uriniferous tubules. The differentiation between spurious and true albuminuria does not, as a rule, present any great difficulties, for a contaminating fluid usually contains a very large number of cell elements, which form a sediment on standing, leaving a clear supernatant fluid which contains but a small proportion of albumin. Again, microscopic examination of the sediment will aid differentiation: and tissue elements may be present which do not belong to the urine. The occurrence of true pus cells in large numbers points to an inflammatory affection of the urinary passages: for though polymorphonuclear leucocytes are found in the sediment of a nephritic urine, they are never present in large numbers. When a diffused nephritis occurs in combination with an inflammatory affection of the urinary passages, the supernatant urine will contain a large proportion of albumin. When false albuminuria is present in association with a chronic interstitial nephritis, the proportion of albumin in the supernatant fluid may be small, and diagnosis may present difficulties: consideration of the total quantity of urine, and the condition of the cardiovascular system, together with estimation of the blood-pressure, will always give valuable data for guidance in diagnosis.

Physiological Albuminuria.—There can be no doubt that, if the tests used be sufficiently sensitive and delicate, albumin can be demonstrated in a large number of normal urines; and it is now held