ALBUMINOUS URINE.

To the Editor of THE LANCET.

SIR:—Illustrations of new or important facts in pathology cannot fail to prove of general interest, and the opinions of M. Desir on "Albuminous Urine as a Sign of Disease," as detailed in your Number for Sept. 24th, appear to me well deserving attention, for the subject is one of considerable interest. One of our highest authorities (Dr. Bright) views coagulable urine, in reference to the condition of the kidney, with the same anxiety as he does purulent expectoration in reference to the lung, and considers the one equally indicative of organic mischief as the other. On this head I confess, at present, I ought not to venture an opinion; but should I do so, it would be to follow M. Desir, and say, "When the urine is albuminous, there will always be found an organic or functional lesion of the urinary apparatus."

Having had several cases of organic and functional disturbance of the urinary apparatus lately under my care, I have been led to pay some attention to the subject. In one case, where the urine was invariably albuminous, the kidneys were found to be enormously enlarged, and, as my friend Mr. King has observed, "the entire mass seemed to be made up of simple spherical cysts, varying in size between the dimensions of a walnut, and those of a sand-grain, &c." The right kidney weighed 2 lb. 12 oz., avoirdupoise, and is preserved in the museum of *Guy's Hospital*. In this case there was, throughout, no pain at all; but in another case, where the suffering of the young lady was considerable, from disturbance of the whole of the urinary apparatus, the urine contained albumen at one time; no traces of it have existed latterly, and although this case was considered by the first authorities to be one of organic disease, yet, as her recovery has almost taken place, I am disposed to trust that only functional disturbance has existed, and that the coagulable urine may be attributed to that circumstance only.

That circumstances do occur, where albumen is only *occasionally* detected, is borne out by the fact stated by Dr. Bright in No. 2 of "*Guy's Hospital Reports*," for he alludes to this circumstance as having been noticed both by himself and Dr. Addison; also by the remarks in M. Desir's "Thesis,"—"In a healthy person the urine may accidentally be albuminous for twenty-four hours together, towards the termination of an excitement of the urinary passages;" and no case occurred in the 100 cases related by Dr. Bright as having had albuminous urine where some disease did not exist in other organs save the kidney. Therefore, although I am disposed to look with considerable caution on this condition of urine, I am,

nevertheless, unwilling to attach to it so much importance as I should to purulent expectoration.

Again, as regards our pathological deductions: admitting coagulable urine to prove the existence of organic lesion of the kidney, it appears, from the 100 cases related by Dr. Bright, that some obscurity exists as to the actual condition of that organ, for we find "kidney, hard, soft, large, small, &c.," and it is at present a doubtful point as to whether these conditions are mere modifications of one and the same change. The subject is, however, as I before observed, of deep moment, and I hope that it will be followed up with the interest which it deserves. Yours, &c.

W. T. ILIFF.

Newington, Oct. 14, 1836.

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To the Editor of THE LANCET.

SIR:—Since the publication of Dr. Bright's work on Albuminous Urine as a Symptom of Renal Disease, the members of the medical profession have appeared to be doubtful regarding the extent to which the sentiments promulgated by that physician should be accredited. My attention has been called to this subject in consequence of a report which appeared in a recent number of your interesting and independent journal, of a discussion which occurred at the last meeting of the members of the *Westminster Medical Society*, on albuminous urine. I feel disposed to agree with Messrs. Greenwood and Johnson, who were the principal speakers on that occasion, in thinking that albuminous urine is frequently symptomatic of functional disturbance of the system, and should not be considered as depending on organic disease of the kidney, unless when of long continuance, and in conjunction with other well-marked symptoms. The opinions, however, of those gentlemen can only be considered as conjectural, remaining unsupported as they are by any well-known and authenticated facts. That the opinion of Dr. Bright relative to albuminous urine being an infallible criterion of renal disease is untenable, may, I imagine, be satisfactorily determined by referring to the albuminous urine secreted by children labouring under common catarrhal affections,—a circumstance which, so far as I am acquainted, is unaffirmed by any hitherto-published statement of this fact. Albuminous urine is most frequently met with during the first two or three days of catarrhal or inflammatory affection in children, otherwise most healthy, an occurrence owing to some temporary functional disturbance, and this appears to be confirmatory of the sentiments promulgated by Dr. Wells, (*Trans. of a Society for the Improvement of Med. and Surg. Knowledge*, vol. iii. p. 167, et seq.)