

Medical Matters.**KIDNEY DISEASES.**

AN important paper on this subject was published last year in an American contemporary, and has been admirably summarised in the *Medical Times*. It points out that the principles which should be adopted in the feeding of sufferers from chronic nephritis are by no means fixed. Great differences of opinion exist on the subject, even to the extent of diametrically opposite plans of treatment being supported by different observers and in the same case. By one authority, the patient is cautioned against indulgence in meat of any kind; by another, beef and mutton are strongly recommended; by a third, fish and fowl are considered alone suitable. The advocates of the system of "washing out" the kidneys, and, therefore, of getting rid of effete products, are strongly in favour of the consumption of large quantities of water, and other bland fluids, a mode of treatment much deprecated by other and equally competent advisers. Wherein shall wisdom be found? This is truly a difficult question to answer, but the following is a summary account of the latest views on this important matter. As regards alcohol, the author considers that, if given at all, it should be in very small quantity only, and he would, in a similar manner, restrict the use of both tea and coffee. The question of the advisability of the use of white or dark meats being insisted upon is discussed, and the opinion is given that there is no special harmfulness in allowing the consumption of dark meats. A case is brought forward in which the matter was subjected to a crucial test: as might perhaps, have been anticipated, the results obtained as regards the excretion of nitrogen were precisely the same under the two modes of treatment. The next point raised is a much more important one, and a detail of treatment concerning which it is very interesting to have the special observations recorded which have been undertaken by the author. Referring to the views of H. Von Bamberger, he questions the advisability of increasing the quantity of ingested fluids, as recommended by the latter author. He points out that as the result of a single observation only, Dr. Von Bamberger come to the conclusion that a diminution of fluids lessens the excretion of urea and

also may tend to increase the quantity of albumen passed. He therefore thinks that under no circumstances should the quantity of fluid be diminished, but at the same time does not urge that an increased consumption of liquid will increase urea excretion or diminish that of albumen. The author has, during six years, given attention to this important question, and, as regards renal cirrhosis, he says that patients may be greatly benefitted by a restriction in the quantity of fluid ingested. The cases in which the greatest benefit has been derived have been those in which the lesion is advanced, in which there are attacks of cardiac "asthma," and in which failure of compensation has already commenced; in fact, those instances of chronic renal disease in which digitalis treatment seems urgently required. Cases are brought forward in which, these conditions being present, great relief followed the strict limitation of the fluids ingested. He would, in these conditions, limit the amount of liquid to $1\frac{1}{2}$ or $1\frac{1}{3}$ litres *per diem*. At the same time, it is not denied that such strict limitation may be, and often is, very difficult to carry out. But the author states that he has never found that in chronic nephritis, as the result of the restriction here advocated, the amount of urea or other products of metabolism to have been in the slightest degree diminished, and in a few instances he has even found the quantity of the same matters to have been increased by abstinence. And concerning the excretion of albumen, the quantity was not essentially either increased or diminished by the alteration in the quantity of fluid allowed. The author has extended his researches to include cases of chronic parenchymatous nephritis (the "mottled" kidney). Here, again, he is able to say that the principles just laid down are equally applicable, and he considers that, under such treatment, much benefit has accrued to his patients. We cannot help thinking that the outcome of the whole matter is that, both as regards solid food and the quantity of fluid ingested, the personal element and idiosyncrasy of the patient are the determining factors, and in the special cases quoted, in which heart disease co-existed with the kidney mischief, the benefits which were found to follow the limitation of fluids in the dietary were very probably due to the relief thereby afforded to the general circulation, and were in no special degree to be attributed to its effects on the kidney.

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