## Clinical Protes on Some Common Hilments.

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In the last paper we discussed briefly the symptoms of an acute nephritis, such as might be caused by a chill or the poison of some infectious fever; to-day we will take the more chronic ailments which are due to disease of the kidneys.

Firstly, we must realise that it is not always a case of "kill or cure" with an acute nephritis; a large number of patients, especially children, with this complaint recover completely after a somewhat serious illness, and some die of suppression of urine, or from accumulation of fluid in the pleura or peritoneum, or from uræmia; but others seem never to be able to shake off the disease, and we have then the condition known as chronic tubal nephritis. Sometimes, however, this comes on insidiously of itself, and cannot be traced to any previous acute attack.

Here, as in the acute inflammation, the disease mainly attacks the cells lining the tubules themselves; consequently we have pretty much the same kind of symptoms, but they are not so acute, and the patient, though feeling ill, is usually able to be about his business. Thus we have in the urine a moderate diminution in the quantity passed, and less urea is excreted than in health, but we do not get blood except in very small quantities, nor does the patient die straight away from complete suppression of the flow. The urine, however, contains a large quantity of albumen and many casts of the diseased tubes of the kidney.

Inasmuch as there is a diminution in the quantity of water excreted, some of it will be retained in the tissues, and we find the patient with puffiness of the eyelids and some swelling of the feet, especially at night time. Then the retaining of the nitrogenous waste matters in the system, though not so marked as to give rise to uræmia, causes digestive disturbances, such as vomiting and diarrhœa, and by its action on the nervous system, headaches and occasional attacks of paroxysmal difficulty in breathing resembling those seen in asthmatic subjects. We also get changes in the heart and arteries resembling those seen in the more chronic forms of kidney disease, to be described shortly.

It is very doubtful whether recovery ever takes place from this form of nephritis; usually the sufferers lead the life of invalids for a year or two and then succumb to uræmia, or else fall an easy prey to any other acute illness which they may happen to contract. After death the kidneys are found to be much swollen and paler than normal, and the cells lining the tubes have mostly broken down into drops of fat and granular debris.

We come now to a very chronic form of kidney disease, which differs in several ways from those previously described, and it is worth while to spend some little time on it, on account of its extreme and probably increasing prevalence. It is known scientifically as chronic interstitial nephritis, or granular kidney, and to the laity as chronic Bright's disease, though this is not a good term, for it may be applied to any disease of the kidney whatever.

As a matter of fact, the kidneys in interstitial nephritis are not really inflamed at all in the ordinary sense of the word, but are affected by a chronic, slowly increasing degeneration of their arteries, which is itself only a part of a disease which attacks the small arteries all over the body, the kidneys feeling it the most, because they contain more small arteries for their size than any other organ.

The first stage of the general disease is known as high arterial tension, and it is found mainly amongst men who live in towns, are occupied in spasmodic mental work, habitually eat more animal food than is good for them, and take little or no physical exercise; often they take alcohol to continual slight excess, though this may never be very obvious.

In other words, it is a disease of prosperity, or rather of money getting; the literary or professional man, whose mental work, though hard, is more or less even, is not so often attacked as the business man whose labour consists of anxious moments, periods of frenzied rushing for wealth or position, alternating with quiet intervals in which he "recuperates" with a whiskey and soda. When he gets home he habitually "does himself well" at dinner.

Let us now see how these various causes combine to injure his arteries. These vessels, as we have seen, are under the control of the nervous system to a marked degree, and as the nerves are in a state of tension the arteries are made to contract instead of being left alone as they should be. Then the combination of a sedentary life with too much animal food means that the blood is kept constantly full of waste nitrogenous matter, all of which has to be excreted by the kidneys. The countryman who habitually devours enormous quantities of meat does not suffer in this way (though he may get a dilated stomach), because his exercise enables him to get rid of his waste products more effectually. λ.



