

The urine is scanty or may be suppressed; it is dark from the presence of blood, with the well-known smoky hue, and usually gives a deposit of urates, epithelial and hyaline casts, blood discs and casts, and a large amount of albumin.

Although the specific gravity is high, the total amount of urine passed is much decreased.

Dropsy may be very slight, or may go on to anasarca, œdema of the glottis and serous sacs at the base of the lungs.

There is also constipation, great thirst, dry tongue, anæmia, and probably dilatation of the heart. Most cases recover or pass into the sub-acute or chronic state; in fever cases uræmia may develop, resulting in severe headaches and convulsions which, if not relieved, may end in coma and death.

The important complications of the disease are:

- (1) Uræmia.
- (2) Dilatation of the heart.
- (3) Hydrothorax and hydropericardium.
- (4) Pneumonia, etc.
- (5) Pyelitis and chronic nephritis.
- (6) Albuminuric retinitis is sometimes present, especially if the attack is associated with chronic nephritis.

Treatment and Nursing Care.

Absolute rest in bed, between blankets, in a warm, well ventilated room is essential, with a nourishing, non-nitrogenous and salt free diet. Skilled nursing is a necessity. When there is much blood in the urine, dry cupping, hot fomentations, or some other form of counter irritant is prescribed.

Symptoms of excessive renal congestion should be treated promptly by hot air or vapour baths, followed by diuretics. Medicines include:

Compound jalap powder or bitartrate of potassium, as necessary, to produce watery evacuations of the bowels.

Acetate of potash and nitrous ether, with hyoscyamus to act as a diuretic and as a dilator of the peripheral arterioles and a sedative to the urinary tract.

Excessive dropsy is treated by hot packs, or hot air baths. Pilocarpine is useful where there is no œdema of the lungs, and in severe cases elaterium is given. Fluid is drawn off by tapping, or drawn off from the legs by Southey's tubes or acupuncture. The diet should be salt free.

In uræmia, treatment is as for excessive dropsy, the patient must not be left and every effort must be made to keep up the strength and to prevent self-injury. Chloroform is usually given to relieve convulsions, and venesection is still used by some physicians with very beneficial results.

Nitrate of amyl is used to relieve severe dyspnoea.

Anæmia should be treated with iron during convalescence; the latter should be of long duration in dry roundings and a bright mental atmosphere.

Chronic nephritis.—This disease may occur independently or follow an acute attack. The changes in the system include:—

- (1) Retention of waste poisonous products in the blood, these causing damage to the vascular walls.
- (2) Disturbed metabolism, leading to imperfect nutrition of all the tissues, wasting, œdema, and anæmia.

The urine is probably of great amount, containing

albumin and some blood. Cardiovascular changes are pronounced, and there is definite evidence of arteriosclerosis.

The treatment is largely that of the acute form, symptoms being treated as they arise, and every effort being made to avoid relapse.

(3) *Pyelitis.*—This disease is placed by some authorities under the term "nephritis."

It is characterised by inflammation of the pelvis of the kidney; the inflammation may extend to the substance, leading to suppuration (pyelo-nephritis), or a collection of pus may distend the structure of the calyces, flattening the renal substance (pyonephrosis).

The existing cause is microbic, the bacillus responsible being the coli tubercle, staphylococci.

Predisposing causes include:—

- (1) Extension of pre-existing inflammation.
- (2) Changes in the blood, as in nephritis, anæmia, diabetes, etc.
- (3) Certain drugs.
- (4) Calculi, blood clots, parasites, etc.
- (5) Pregnancy.

Treatment.

(1) Removal of cause, if possible; light diet; diluent drinks, etc.

(3) Relief by rest, cupping, salines, and large amounts of fluid. Vaccines, urotropine, and sometimes operative treatment are necessary.

HONOURABLE MENTION.

Miss Winifred Moss, the County Hospital, Bedford, receives honourable mention for an excellent paper. She writes concerning acute nephritis: "The onset is usually sudden, with a rise of temperature, vomiting, pain in the back and œdema, which is most marked in the face. The tissue round the eyelids is puffy, the eyes being almost closed by the swelling. The diagnosis is established by examination of the urine, which is greatly decreased in amount, of high specific gravity and often dark brown and smoky red in colour. It always contains a large amount of albumin and blood, in the early severe cases.

"Rest in bed and warmth are essential factors of the nursing care. The patient should be nursed between blankets and in a woollen gown, and with plenty of hot water bottles, the aim being to relieve the kidneys of some of their work, by getting rid of the fluid through other channels. The diet in acute early stages may be limited to water, and glucose in lemonade, leaving milk for the convalescent stages on the grounds that it contains a high percentage of protein. As the urine clears protein may be added gradually, in the meantime the diet consisting of fruits, fruit juices, sugar and farinaceous foods. Diuretics are not usually ordered in acute nephritis, alkaline drinks and water being given, the amount of fluid depending upon the amount of œdema present, salt being restricted for the same reason. Purgatives producing watery stools, such as Pulv: Glycyrr: Co. ʒi-ʒii; Pulv: Jalapae Co. ʒss-ʒi may be ordered to eliminate waste products, lessen the œdema, and relieve the work of the kidneys."

QUESTION FOR NEXT MONTH.

Mention four varieties of artificial feeding, apart from infant feeding, and the methods employed in each case.

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