

## THE TREATMENT OF ALBUMINURIA.

The treatment of albuminuria *per se* is seldom attempted by physicians. How different is the case with other prominent symptoms, as dropsy, anæmia, or jaundice. Here it is the rule to treat the symptom and not the cause of it, while in albuminuria the contrary is the practice—we treat the cause and not the effect. The principal reason for these differences in practice is the fact that the former are marked subjective conditions which arrest the attention of the patient and his friends, while the latter being entirely objective, we are not urged to interfere. In jaundice, dropsy and anæmia, we are very frequently unable to discover the cause. In albuminuria, on the other hand, the diagnosis of the seat and nature of the cause is not difficult to make out. In the former, therefore, we are frequently compelled, for want of definite knowledge, to treat symptomatically, while in the latter we direct our measures to the removal (when possible) of the original lesion.

In albuminuria depending on retardation of the venous return from the kidneys, the removal of the obstruction to the circulation is quickly followed by the disappearance of the albuminuria. As the most common cause of this form of loss of albumen is cardiac failure, digitalis is therefore our best agent to employ for its removal.

Pyrexial albuminuria requires no treatment, as it disappears after the temperature has become normal. The albuminuria of anæmia, and that form due to neurotic disorders, also quickly disappears on the removal of the cause.

In the albuminuria due to disease of the kidney, this symptom becomes only of marked importance when it is the only one present for a long period, indicating the nature of the lesion with which we have to do.

Some physicians look upon the actual loss of albumen as serious when long continued in cases of chronic nephritis. They consider it a great drain on the system. Senator has lately pointed out that this loss, at most, cannot exceed half an ounce in the twenty-four hours. He shows that in cases of chronic catarrh of the bladder more than this quantity of albumen is