

and incurable? Or who can, in a certain case, say when it passes into the incurable stage?

It is sometimes said that a case is incurable when the symptoms extend beyond a period of six months. I have seen one recover after the symptoms had been nearly a year in existence. Bartels mentions three cases in which anasarca lasted eighteen, twenty, and thirty years respectively, and in all of which a complete recovery was made, so far as the dropsy was concerned. One died of pericarditis three years after the disappearance of the fluid, the second two years after from pneumonia, and the third died of toxemia. Fagge mentions two cases of recovery, one after six years, and another after twenty months. When, therefore, a case of subacute parenchymatous nephritis first presents itself for treatment, and we find albumin, together with hyaline and epithelial casts, as well as the constitutional symptoms of the disease, if cardio-vascular changes have not taken place to too great an extent, we should make an effort to cure the patient. We should not be satisfied to give remedies which will uniformly relieve the kidneys, but we should put the patient under a thorough course of treatment, both as to diet and general régime. In fact, we should place the patient in such a position that nature will have the best chance to overcome the disease.

The inflammation of the kidney is due to some continued form of irritation which may be the result of the presence of bacteria, of toxins produced by bacteria, or the toxin produced in a faulty metabolism. These causes should, if possible, be removed, and the weak and diseased organ should be guarded against all outside forms of irritation. Chilling of the surface of the body, which we know has a directly injurious effect upon the kidney, should be especially prevented. We also know that rest is essential to the treatment of any form of inflammation. To accomplish both of these objects, it will, therefore, be necessary to enjoin rest in bed in a room in which the temperature is even. I am not at all certain that we have yet discovered the form of diet best suited to these cases. We are too much governed by the idea that nitrogenous food is always bad for the patient, and that milk and farinaceous food are always indicated. I have had under observation a patient, a physician, suffering from chronic parenchymatous nephritis, who is always benefited by the use of a strictly meat diet. On two different occasions the albumin has been made to disappear from the urine and the general symptoms to improve by an exclusive diet of scraped beef. In such a case it would seem that the patient was not able to assimilate milk or starchy food. He had also tried an exclusively milk diet, without any effect upon the symptoms. The urine was at all times free from sugar.

It cannot be doubted that, in the great majority of cases, a large