

from malnutrition manifesting itself as anæmia or in other forms—malnutrition presumably due to the retention of toxic products of which the origin and nature are not yet thoroughly understood.

The chief indications for treatment will therefore be (1) to arrest or retard the diseased processes that are going on in the kidneys; (2) to diminish the nitrogenous waste to such an amount as may be dealt with by the remaining kidney tissue; (3) to counteract the deleterious influence of materials retained in the economy; and (4) to improve the general nutrition.

LINES OF TREATMENT.

1. *Causal*.—In a large proportion, perhaps the majority, of cases the diseased process has originated and is maintained by the kidneys being called upon to excrete an excess of nitrogenous waste, so that our second indication will also meet the requirements of the first. In a certain proportion of cases urethral stricture or other lesion of the lower urinary passages is the starting-point of the disease, and always ought to be thought of as a possibility, and if found, properly dealt with. Syphilis is responsible for a special form of the disease, which Dr. J. R. Bradford has drawn special attention to; and I have seen symptoms of chronic Bright's disease entirely disappear under anti-syphilitic treatment in the case of a child which was suspected to have a syphilitic parentage. Amyloid disease calls for treatment, generally surgical, but is seldom met with nowadays. In cases which have arisen from an acute nephritis, from scarlatina, or from pregnancy, the exciting cause is clearly out of reach.

2. *General Management*.—In dealing with the other indications our first duty will be to regulate the patient's life, to decide whether or to what extent he is to continue his ordinary avocation, or whether he requires to lead the life of an invalid. Most cases first come under our notice owing to the occurrence of an intercurrent acute or sub-acute exacerbation, or of some complication, and then of course rest in bed is generally required for a time. In advanced cases with marked hypertrophy of the heart, headache, and liability to bronchial catarrh, we ought to urge the patient to retire from active work; but in this disease it is often difficult to convince the sufferer of the real gravity of his condition, and he may allege that our advice is a counsel of perfection which his circumstances make it impossible for him to accept, or that he would rather die in harness. In cases of less severity we should endeavor to restrain the activities of our patient, whether in work or pleasure, within reasonable bounds. We explain to him that he has a damaged organ which can work