

TAPPING AND VENESECTION IN NEPHRITIS AND UREMIA.

At the recent meeting of the British Medical Association, Ewald, of Berlin, contributed to the Section on Pharmacology and Therapeutics a practical paper on this subject. After pointing out that it is a well-known fact that the question as to how diuretics act in kidney diseases is not yet settled, and that some still believe that their action is due to increased blood-pressure or to some relief of the circulation through the kidneys, most authorities at the present time are of the opinion that they act by direct irritation of the secretory elements of the kidneys. However this may be, this much is certain, that the effect of the heightened diuresis or the diversion of fluid to the intestinal canal, provided of course it succeeds by internal medication, is to cause but very slow absorption of fluid in edematous tissues or in the peritoneal cavity or other serous spaces. On the other hand, practical experience teaches us that diuresis always increases as the decrease of fluid in the subcutaneous tissues and in the serous cavities progresses.

Physicians have always tried to dispose of these transudates by mechanical means. From the various serous cavities the fluid is withdrawn as much as possible by puncture. From the subcutaneous tissue it is withdrawn by means of diaphoresis, by hot baths, by scarification, and by puncture with small needles (Southey, Gerhardt, Curschmann and others). In the writer's opinion, however, the treatment by none of these methods is carried out energetically enough, and the scarifications and removal by puncture with small needles are not complete enough; and, secondly, they have too many inconveniences attached to them.

Puncture for ascites and pleurisy is done too seldom—that is, the physician waits until a considerable amount of fluid has collected. Several weeks is allowed to elapse between the punctures, and in the meantime the organism is exposed to all the dangers, local and general, that a collection of fluid in a serous cavity brings with it. The spontaneous resorption of the fluid is rendered extremely difficult by the pressure exerted upon the blood and lymph vessels of the pleura and peritoneum by the presence of the fluid. The endothelium of the serous membrane suffers in time in its nutrition. The organs contained in these cavities are more and more compressed and their function is disturbed.

These are sufficient grounds to justify the making of punctures in such cases as often as the slightest indication presents itself. To this it is objected that experience shows that transudates removed by puncture are renewed very