

Now we have seen the essentials and the common accompaniments of granular kidney, but before going into the diagnosis and treatment I would like to present one or two more points which, so far as I know, have not been made clear in print.

As described in the books the whole situation reminds me of a predicament I was in one day three years ago last summer. I was off on one of my fishing trips, and fishing down the Beaver River, searching every eddy, every shadow and cover with the flies, when suddenly I became aware of the fact that there quite close to me was an enormous trout with his head poked under a ridiculously small log. I could have cast five times the distance to offer him the line. It was no use, however, as I could not present the cast in such a way that he would take the slightest notice of it. A worm was out of the question owing to a barb-wire entanglement of submerged cedar twigs in front, and the approach from the rear was guarded safely by the swift rush of the waters.

Now you know I could see the latter half of that trout very clearly, in fact I can see it yet, and I am convinced to this day that my difficulty lay not in seeing and seeing clearly the last half of the trout, but I could not get at the first part or business end of the fish.

Now we all see granular kidney—see, that is, the last half of it and see it clearly—and are as helpless in regard to it as I was while I contemplated the magnificent sweep of that big trout's tail as he kept his place under the log.

But there must be a beginning to granular kidney. For instance, there must have been a time in a typical case when the urinary specific gravity was 1014, 1016, 1018, or normal, and I might add there always is a time when it is habitually above normal. In short, there must have been a period when renal difficulty preceded renal inadequacy. The first stages are as deliberate and as hesitating in their advance as are the manifestations of the later stages. It is altogether beyond my comprehension that a typical case of granular kidney, full grown and menacing, ordinarily can be produced practically all at once and then run a chronic course of years.

Let us consider the cause and recognition of renal embarrassment before permanent damage is done!

To anyone who habitually uses his microscope on the urine of the most of his private patients I have no doubt it is often a matter of surprise that granular kidney is not more common