

had come upon the question, whether it were better for patients with chronic Bright's disease to drink much or little water?

Since there were no observations at hand on this subject, he himself in the case of two patients with chronic parenchymatous nephritis made comparative investigations, in one strongly increasing the customary amount of fluid, and in the other greatly diminishing it. The augmentation of the fluids produced an increase of the diuresis, but left the excretion urea and albumen practically unchanged. The diminution of the fluids left the general condition undisturbed, but had as a result a lessening of the urea excretions and indeed a small increase of the albuminuria.

From this one observation, which speaks against the lessening of the fluids, von Bamberger draws the conclusion that in no form of Bright's disease, not even in the contracted kidney, is there even an indication for the restriction of liquids. At the best, he infers that a severe diarrhea might result.

This view, representing von Bamberger, is accepted in part upon his express authority in nearly all the newer works upon the treatment of chronic kidney diseases. Regarding the contracted kidney they either say nothing as to the amount of liquids to be allowed, or recommend liberal portions of them for the better flushing of the kidneys. Contrary expressions are met with, but very exceptionally; for example, W. Camerer describes one chronic renal case with edema, in which, by a decided restriction of the allowance of fluids, the edema quickly disappeared, with a simultaneous increase of diuresis and of the elimination of urea.

This was also a case of parenchymatous nephritis, and this observation teaches that from the unfavorable experience of Bamberger one should not generalize as regards the contracted kidney.

Dr. von Noorden pointed out two years ago, in a discussion of the indications which are afforded by the combination of the contracted kidney and diabetes, that these diabetics find themselves in the long run better off when they are permitted little liquids. By the restriction of fluids we spare the heart, and thereby guard against the most important danger which threatens renal patients, and especially the diabetics, with kidney disease, to wit, paralysis of the heart.

In the recently published hand-book of Nutritional Therapy, Herr Von Ziemssen also assumes the same position, as I read with satisfaction. He requires with patients with contracted kidney a limitation of fluids, especially in those cases in which there are at the same time distinct signs of arterio-sclerosis.

I have now for some six years been devoting careful study of the question, how persons with contracted kidney far- with a large and again with a moderate allowance of fluids, and have to declare as a result of my observations that very often patients with con-