THE ANATOMIC HISTOLOGICAL PROCESSES OF BRIGHT'S DISEASE AND THEIR RELATION TO THE FUNCTIONAL CHANGES

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HORST OERTEL

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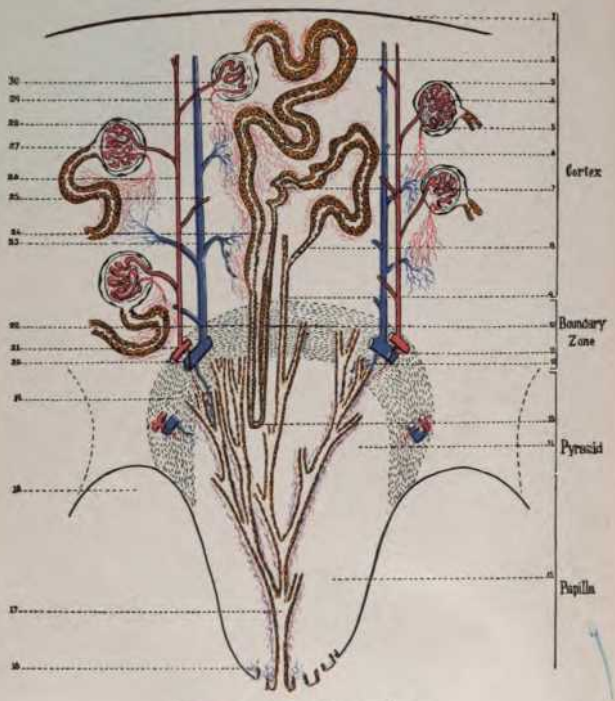
PLATE I.



STRUCTURES OF THE NORMAL KIDNEY.

1, Capsule; 2, convoluted tubule; 3, outer layer of the capsule; 4, intervening space; 5, reflected portion of the capsule; 6, distal convoluted tubule; 7, irregular portion of distal convoluted tubule; 8, end portion of distal convoluted tubule; 9, collecting tubule; 10, ascending loop of Henle; 11, arteria recta; 12, vena recta; 13, loop of Henle; 14, pyramid; 15, papilla; 16, papillary vascular plexus; 17, main collecting tubule; 18, calix; 19, boundary zone; 20, larger branch of renal vein; 21, larger branch of renal artery; 22, descending loop of Henle; 23, interlobular vein, collecting from the stellate plexus; 24, narrow portion of ascending loop of Henle; 25, interlobular vein; 26, interlobular artery; 27, glomerular capillary network; 28, stellate plexus of capillaries; 29, efferent vessel; 30, afferent vessel.

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AND THEIR RELATION TO THE FUNCTIONAL CHANGES

LECTURES DELIVERED IN THE
RUSSELL SAGE INSTITUTE OF PATHOLOGY
CITY HOSPITAL, NEW YORK
DURING THE WINTER OF 1909

BY
HORST QERTEL
DIRECTOR OF THE RUSSELL SAGE INSTITUTE OF PATHOLOGY, NEW YORK

ILLUSTRATED

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TO

EDWARD G. JANEWAY

TO WHOM THE SCIENTIFIC PRACTICE OF MEDICINE IN AMERICA
OWES A HEAVY DEBT, AND WHOSE METHODS, WORK
AND ACCOMPLISHMENTS HAVE AT ALL TIMES
BEEN EXAMPLE, AID, AND INSPIRA-
TION, IN LASTING GRATITUDE

PREFACE

THESE lectures were delivered at the request of the Resident Staff of the New York City Hospital in the Russell Sage Institute of Pathology, during the winter semester 1908 to 1909 before an audience of recent graduates and some advanced undergraduates in medicine. My hearers wished to obtain in systematic and connected form the almost daily experience in hospital and pathological institute. They wanted primarily to intelligently understand what they saw at the bedside and at the autopsy table.

The lectures deal, therefore, with the morphology of nephritis, and in a somewhat different form from the usual manner. Everywhere I have endeavored to particularly emphasize relations and to reconstruct the whole as a unit of interwoven processes, rather than a mere statement of facts. As this method of treatment may not be unwelcome to a wider medical public and, as far as I know, does not exist in English literature, I now publish them practically in the form of the stenographic report, except for some additions and explanatory notes. This accounts for an unevenness of treatment and some local coloring in the presented material.

I may, perhaps, be pardoned if I qualify here my stand in teaching medicine and particularly pathology in some detail. The average American medical student of the present day is taught in his college a large variety of medical subjects, but in a

manner which, according to my experience, is not apt to develop in him a plastic, living and flexible conception in any subject, in other words, no independent thought. Forced by a rigid, prescribed schedule, which leaves him no academic freedom, individual responsibility and time for thoroughness, he memorizes, mostly from text books, lectures and recitations, and disconnected demonstrations and clinics many statements and some facts. His conceptions are those of a certain text-book, of a certain page, or, similarly, of notes of a certain instructor. They are, if the term is permissible, fossilized and immovable. The ability derived from personal, well directed experience under an instructor, the ability to form plastic pictures of occurrences which enable one to combine visual and live, true ideas of pathological processes without becoming unreliable and phantastic, are foreign to most of our present medical generation. Thus, our present methods of teaching resemble the dead inflexible formalism of the scholastic period taught in the European universities during the middle ages.

The medical graduate of to-day enters a hospital, faces life and meets the keenest disappointment. His hard and fast text-book lines and schoolboy classifications, memorized carefully for recitation and written examinations, are broken and shattered. But worse, having no other foundation, no critical judgment of relative values, which is derived from historical knowledge of a science, he is unable to utilize his new experience. He holds new parts of a chain, but cannot unite them, much less link them to the old. It takes a strong mind, much stronger than the average medical graduate has, to evolve successfully out of these complicated circumstances. The others are simply content to again memorize actual experience in the Hospital, and apply it as well as they can. They remain uncultured.