# CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. PART II

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Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. Part II by Carl von Noorden

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### **CARL YON NOORDEN**

# CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. PART II



### DISEASES OF

A SERIES OF MONOGRAPHS

BY PROP. DR. CARL YON NOORDEN

Physician-in-Chief to the City Hospital, Frankfort-en-Main

Authorized American Edition

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## CLINICAL TREATISES

on the

### PATHOLOGY and THERAPY of DISORDERS of METABOLISM and NUTRITION

By

PROF. DR. CARL VON NOORDEN

Physician in Chief to the City Hospital, Frankfort a. M.

AUTHORIZED AMERICAN EDITION
TRANSLATED UNDER the DIRECTION of
BOARDMAN RED. M.D.,
PROFESSOR of DISEASES of the
GASTRO-INTESTINAL TRACT,
HYGIENE and CLIMATOLOGY,
DEPARTMENT of MEDICINE, TEMPLE
COLLEGE; PHYSICIAN to the SAMARITAN HOSPITAL, PHILADELPHIA, ETC.

PART II

NEPHRITIS

NEW YORK

E. B. TREAT & COMPANY
1904

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### NOTE BY THE AMERICAN EDITOR.

Prof. von Noorden's handling of the subject of nephritis in the following pages is bold, original, and somewhat iconoclastic. He rides roughshod over mosscovered tradition. Nothing is sacred to him but indubitably demonstrated truth. He has a way, too, of confirming or refuting alleged truths for himself taking nothing for granted. This is the proper course in the determination of scientific questions.

The author has by actual experiments exploded the myth so long accepted that the light meats are safer than the dark ones in various diseases including nephritis. He has questioned and gone far toward disproving the theory that milk is the best diet in all cases of nephritis. Indeed he has demonstrated that in many cases, certainly, the ingestion of fluids in this disease needs to be restricted rather than encouraged. In various other respects he has established for the treatment of the different forms of Bright's Disease, rules founded upon a critical scientific study of numerous cases, instead of the familiar directions handed down from an earlier period when clinical observations were less exact and pathologic theories more nebulous than at present.

It is refreshing and invigorating to receive instruction from one so sure of his ground as Prof. von Noorden. He prescribes a therapy the effectiveness of which he has proved repeatedly, and other clinicians may safely follow his lead.

As in the case of the preceding volume, Dr. A. C. Croftan has done the translating in a very creditable and satisfactory manner. It is not often that a foreign author has his thoughts rendered into English by one who is not only familiar with both languages, but also exceptionally well acquainted with the subjects under discussion.

BOARDMAN REED.

1833 Chestnut Street, Philadelphia.

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### INTRODUCTORY.

In the present treatise I propose discussing the most important fundamental principles of the treatment of renal diseases. Since my first publications concerning the pathology of the kidneys (Albuminuria in Healthy Men, 1885) I have continually devoted labor and interest to the study of these questions from their theoretical side as well as in their practical and empirical aspects, believing that I should no longer withhold the presentation of my views, especially as they differ in many points from the usual statements of the text-Clinical and experimental books and manuals. investigations of these questions have been repeatedly undertaken by me or my students and the results published. Still the circle of these researches is not yet closed, in part because the works newly begun delay the completion, and in part because new complications of the question have been constantly arising. I will undertake here the discussion especially of the two chief forms of renal disease, acute nephritis and the contracted kidney. The one called the parenchymatous or better, sub-chronic, form of nephritis, does not require to be so exhaustively considered. Its changeable picture, which in its clinical behavior at one time approaches the acute and at another time the chronic contracted kidney, is less adapted to an analysis of the important fundamental therapeutic indications.