Correspondence.

"Andi alteram partem."

To the Editor of The Lancet.

Sir,—A reference by Dr. Wilks to some objections I had expressed to the general treatment of recent nephritis by purging and sweating, has brought from Dr. George Johnson, a vigorous defence of those measures, as applied to renal dropsy. In the treatment of such a disease, especially of recent cases associated with dropsy, Dr. Johnson thinks it wise to promote by "well-selected means" the free action of the skin and bowels. The "well-selected means" include hydrargyrum purgatives and hot-air baths; and I have no doubt that in certain cases these remedies may be considered as rightly chosen. Dr. Johnson, however, does not solely rely upon these measures, but advises, and I have no doubt that in certain cases these remedies may be considered as rightly chosen. Dr. Johnson, however, does not solely rely upon these measures, but advises—"Andi alteram partem," —and in this respect I most heartily concur with him—the free use of diuretics, and a scanty diet. The difference of opinion between Dr. Johnson and myself appears to be limited to this. In the treatment of acute renal dropsy he relies mainly upon remedies addressed to the skin and bowels; I rely mainly upon remedies bearing directly upon the kidneys.

I wish to be clearly understood at starting that my objection to repeated purging and sweating relates in particular to remediable or possibly remediable states. With the granular kidney, where the structure of the organ is irretrievably gone, the judicious use of purgatives and hot-air baths is often of great and constant service. I believe that in advanced granular degeneration with copious urine, a periodical hot-air bath often does more good than anything else. And when, as the result of simple nephritis or late inflammation of the previously healthy kidney, as a disease to obey diuretics more readily than sudorifics. In recent nephritis, whenever the urine from any cause becomes more abundant, then almost certainly will the dropsy proportionately abate; with regard to perspiration the connexion is far less evident.

Against active and repeated purging similar objections may be urged, though no one would propose in these cases entirely to exclude purges. The fevers, according to Dr. Parkes, furnishes in health an exit for a quantity of nitro- gen equal to about a tenth of that which leaves by the urine. Though it is probable that in disease this quantity may be increased. With threatening uræmia, experience has shown that in the first stages elimination may be advantageously called on this means of elimination; but I believe that repeated hydrargyrum are not beneficial—they should be sharp and seldom. When dropsy causes some distress from the constant pressure, and the organs, help to re-establish secretion. We see something of this kind now and then after tapping for hepatic ascites, and it is quite possible that a diuretic effect may in renal disease now and then follow a drastic purge; but this is exceptional, and does not invalidate the general rule that "Andi alteram partem." Dr. Johnson has shown that we may advantageously call upon this means of elimination; but I believe that repeated hydrargyrum are not beneficial—they should be sharp and seldom. When dropsy causes some distress from the constant pressure, and the organs, help to re-establish secretion. We see something of this kind now and then after tapping for hepatic ascites, and it is quite possible that a diuretic effect may in renal disease now and then follow a drastic purge; but this is exceptional, and does not invalidate the general rule that hydrargyrum lessen the urine.

I am in the habit of treating acute renal dropsy by careful protection and gentle diuretics. In the heat of summer, one may appeal to Dr. Johnson's own large experience, and ask him whether he has not observed the edematous accumulations of renal disease to obey diuretics more readily than sudorifics. In recent nephritis, whenever the urine from any cause becomes more abundant, then almost certainly will the dropsy proportionately abate; with regard to perspiration the connexion is far less evident.

Sir,—When bringing before the Clinical Society, in October last, a case of recovery from tetanus (see The Lancet of Oct. 22nd), I drew attention to the fact that during a considerable period, and at a certain stage of the attack, the temperature of the patient, in addition to its being unusually high, was found to be augmented in the evening. I was thus led to offer the suggestion that possibly this thermal variation of temperature might be found to obtain generally or even universally in true tetanus. Since then I have had no opportunity of making further research as to temperature in this disease, but Dr. W. Keen, of Philadelphia, has sent me an account of a case of tetanus which was under his care in St. Mary's Hospital in that city, in which, for several days during a portion of the winter, the evening temperature was markedly higher than in the morning. Dr. Keen gives a table showing the diurnal state of the pulse, respiration, and temperature.