

Alexander Leslie Blackwood

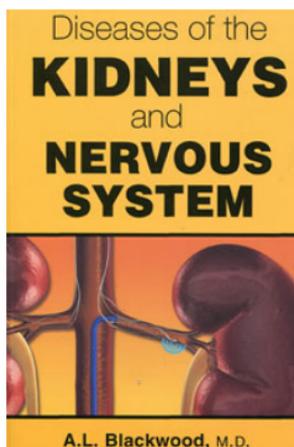
Diseases of the Kidneys and Nervous System

Leseprobe

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Diseases of the Kidneys and Nervous Diseases

THE KIDNEYS.

The kidneys are situated posteriorly in the abdomen, one on each side of the spinal column behind the peritoneum, and extend from the level of the eleventh rib to near the crest of the ilium. The right one is lower than the left. The ureters are the excretory ducts of the kidneys, and descend obliquely inwards along the posterior wall of the abdomen, and enter the bladder at the posterior angle of the trigonum vesicæ.

Symptoms of renal disease are often vague and indefinite. There may be pain referred to the lumbar region, or pain and difficulty when urinating. In cases of deficient elimination other symptoms may appear, as vertigo, headache, coma and convulsions. In still another class the appearance of the urine is changed. It may be pale, scanty or profuse, or it may be high-colored, smoky or bloody.

The family and clinical history of the individual should be carefully investigated. The presence of constitutional infection, as syphilis, gout, rheumatism, or the presence of headache, drowsiness, vomiting, diar-

rhoea, dyspnoea, convulsions or paralysis should be carefully investigated.

The kidney should be examined physically. Palpation should be employed to ascertain if it is in its normal position. The presence of a "floating kidney," pyelitis, hydronephrosis, neoplasms and abscesses of the kidney may each be palpable.

The function of the kidney is the secretion of urine. The amount of urine secreted by a healthy adult in twenty-four hours varies from 1500 to 2000 c.c. (40 to 50 ounces). This will depend upon the amount of water ingested, the perspiration, the presence of disease, such as diarrhoea, vomiting, acute fevers, and certain forms of chronic nephritis. It is increased in certain forms of chronic nephritis, and various constitutional and nervous diseases.

Polyuria is a term employed to indicate an increase oliguria a decrease in the quantity of urine excreted in a given time.

Specific Gravity.—The specific gravity of the urine varies normally from 1.015 to 1.025, and is taken by means of a urinometer. It is low in diabetes insipidus, chronic interstitial nephritis, and when the amount of urine excreted is large. It is high when the urine is concentrated; in diabetes mellitus and in cases of renal and cardiac dropsy, when the amount of urine is small. The amount of solids in a twenty-four hour sample of urine varies from 60 to 90 grams.

Odor.—The odor is typical, aromatic, when it has fermented it becomes ammoniacal. In diabetes mel-

CHRONIC PARENCHYMATOUS NEPHRITIS.

Synonyms.—Chronic diffused nephritis; Chronic croupous nephritis and Chronic Bright's disease.

Definition.—This is an inflammation affecting all the tissues of the renal cortex but not tending to sup-puration.

Etiology.—The most frequent cause is acute at-tacks which have become chronic by continuation or repetition. It occurs from exposure to damp cold, malaria, scarlatina, pregnancy, syphilis, alcoholism, auto-intoxication and various infectious diseases. In some cases it is difficult to state the cause. Irritant poisons as cantharis, turpentine and phosphorus are etiological factors.

Pathology.—Primarily the kidney is enlarged as a result of an inflammation of the tubular epithelium. The epithelium is swollen and degenerated. The lumen of the tubules is closed with debris. The arteries are compressed as a result of the formation of bands of connective tissue. The cortex of the kidney is thick-ened, anemic and the pyramids are darker than normal. The capsule strips easily and the substance of the organ is moderately firm, but may be soft. To this condition the term large white kidney is often applied.

In some cases the substance of the organ may be of red color or mottled light areas of yellowish or gray color may alternate with the normal. In these cases punctate or lineal extravasation of blood may be ob-

UROCYSTITIS.

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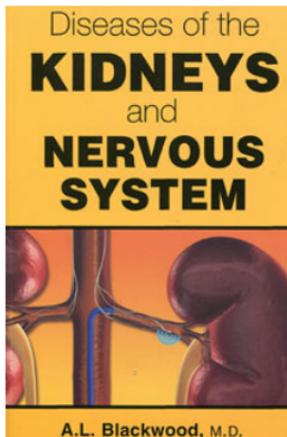
Synonym.—Inflammation of the Urinary Bladder.

Etiology.—This is frequently dependent upon bacteria, as the streptococcus, staphylococcus and bacterium coli, with exposure to cold, especially of the abdomen, while the body is covered with perspiration, wetting the clothing, cold baths and sponging. Traumatism of the abdomen and introduction into the bladder of catheters and other surgical instruments, which have not been properly sterilized, are causes. The extension of chronic gonorrhoea from the posterior urethra may be an etiological factor also. Previous disease of the bladder, the ingestion of cantharides, turpentine or mineral acids also cause this disease.

Pathology.—The mucous membrane of the urinary bladder may show redness, swelling and an increased secretion of mucus. As the condition becomes sub-acute and chronic the color becomes dark and red or a reddish gray. If the process is continued, an inflammatory hyperplasia of the connective tissue results, which forms bands on the inner surface of the bladder, so that in some cases the organ is reduced in size.

The urine presents a turbid appearance. In some cases the urine is mixed with pus or blood and is alkaline in reaction. Abscess of the wall of the bladder may follow and even result in a rupture of the organ.

Symptoms.—According to the duration of the disease the condition may be acute or chronic. Both va-



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