HYPERTENSION

AND

NEPHRITIS

BY

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By ARTHUR M. FISHBERG, M.D.

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TO

THE MEMORY OF MY FATHER

DR. MAURICE FISHBERG

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PREFACE TO THE FOURTH EDITION.

THE five years since the last revision of this book have been a period of intensive and fruitful investigation of Bright's disease in almost all its phases. To keep abreast of the many resulting advances, revision of all the chapters has been necessary. Many have been largely rewritten and a new chapter on azotemia added. The surgical treatment of essential hypertension has been discussed in considerable detail. The following are among the other sections that have been added or altered; Prerenal azotemia, the differentiation of glomerular and tubular elements in renal failure, clearance tests, the plasma proteins in the nephrotic syndrome, the Addis count, mercurial diuretics, Goldblatt's experimental production of hypertension, the mechanism and pathogenesis of hypertension, the pathogenesis and treatment of hypertensive encephalopathy, papilledema in hypertension, the nephrotic syndrome in diabetes, hemoglobinuric nephrosis, the treatment of edema with acacia and concentrated blood serum, Masugi's experimental production of glomerulo-nephritis, skeletal changes in renal insufficiency, the Cushing syndrome, paroxysmal hypertension in chromaffine tumors, the pathogenesis of the malignant phase of essential hypertension, and the nature and treatment of the toxemia of pregnancy. The fundamental rôle of decreased renal blood flow in the pathogenesis of prerenal azotemia, so important for therapy, has been stressed.

I have constantly borne in mind that the vast majority of individuals who suffer from the hypertensive and renal diseases, which are so common and often last for years and decades, must be taken care of by the family physician, whose laboratory facilities are generally limited. For this reason, diagnosis by clinical methods has been stressed. Particular attention has been given to symptomatology, for a comprehensive acquaintance with symptomatology is fundamental to accurate diagnosis. The uncomplicated specific gravity test is in my opinion the method most generally useful to the practitioner without a laboratory for studying the functional capacity

of the kidneys, and a simple technique for this test which is well adapted to general practice is given. It is emphasized that study of the blood chemistry is necessary in only a minority of patients with high blood pressure, and that when it is desirable as much information concerning the excretory capacity of the kidney is furnished by the determination of either the urea or the non-protein nitrogen content of the blood as by more detailed and expensive studies. Similarly, relatively simple dietetic measures are recommended in the sections on treatment; dietaries which can readily be prepared in the home of the patient under the direction of the physician afford results equal to those obtained by more elaborate methods in special institutions.

I wish to thank those of my friends and colleagues with whom I have so often exchanged ideas on the subject matter of this book. Especially am I indebted to Drs. Albert A. Epstein and Emanuel Libman, the influence of whose work and teachings will be apparent in many sections. It is also a pleasure to thank Drs. George Baehr, B. S. Oppenheimer and Paul Klemperer for the clinical and anatomical material which they placed at my disposal.

A. M. F.

New York City.

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