Introduction

In a campaign like this present, it is not surprising to find that several new diseases have been described amongst others, Typhus-fever, and Typhus Nephritis. It can hardly however be said that Typhus Nephritis, or as it might be better termed Epidemic Nephritis is a new disease, but rather an old disease with a new name, as a perusal of the literature on the American Civil War will show. One of the most remarkable features in the medical history of this War when it comes to be reviewed will no doubt be the absence of Epidemic Diseases except perhaps for the outbreak of Typhus fever in Serbia, and Dysentery in the Gallipoli Peninsula, and isolated outbreaks of Cerebro Spinal Meningitis, but if we confine ourselves to the campaign in France, and Flanders, it is gratifying to find that Medical
science has surmounted many difficulties and achieved much by Prophylaxis.
Typhoid and Dysentery have in the past dogged most campaigns, and were rife
during the South African war, and more
deadly than even Shell fire or Bullets,
but acute Nephritis was singularly
infrequent. We have not been able
to ascertain that it was prevalent
in the Franco-Pussian War, the
Russo-Japanese War, the Hispano-American
War, and we are therefore bound to
ask the Question, why it should
have appeared in the American-
Civil War. Although one can hardly
draw comparisons it might be
interesting to recall that in the
American Civil War military
conditions resembled in a small
way those of the present Campaign
namely prolonged trench warfare.
In the early part of the war no
cases were reported, but statistics
now show a gradual increase in
the number of cases, and each
months brings the number still higher. 1062 were reported up to the end of June 1918, since then however there has been a steady increase, the figures for 1918 during the months of are as follows.

February: 42
March: 138
April: 220
May: 211
June: 326

Reports from Vienna lead us to believe that the disease has also broken out amongst the German and Austrian troops, and from this we may safely infer that the same factor is operating throughout.

History of Munch Nephritis.

The records of the Surgeon General's department during the American Civil war appear to show that there was a considerable outbreak of Epidemic Nephritis during that campaign. A curve of
This has been prepared by F. G. J. Brown and although it undoubtedly includes cases of ordinary Bright's disease, and Chronic Nephritis, it serves to show an extraordinary rise in the number of cases between March 1862 and March 1863. It would appear also that the case incidence per 1,000 troops rose earlier in the armies of the central region, and reached a higher level than that for the rest of the army. Throughout the war there were 14,184 and 360 deaths. The present epidemic in the British Expeditionary Force, so far as can be ascertained, is not assuming such dimensions.
In health the amount of urine depends upon the functional activity of the glomerular tuft which in turn depends upon:

I. The activity of the glomerular epithelium.

II. Rate of flow of blood through the tuft.

Besides these factors it is highly probable that the nervous system may control the kidneys so as to influence the flow of urine, while chemical products of the blood, and the ductless glands have also to be considered.

Dilatation of the kidney vessels produces an increased flow of urine if the general vessels of the body are constricted; interference with the renal circulation whether by the production of constriction or dilatation is followed possibly by changes in renal epithelium, and these changes are no doubt responsible for the variations in the amount of and also composition of the urine.

Direct inhibition of the flow of urine by reflex nervous mechanism is well known, for example e.g. during passage...
of Renal calculus, and the like. The presence of albumin in the urine no doubt always implies some interference with the functioning of the glomeruli or renal tubules which when intact prevent the passage of the proteids of the blood into the urine, but its mere presence cannot be regarded as indicative of Bright's disease, and the dictum of Thomas Fuller in this connection is particularly appropriate. Namely, viz:—reasons drawn from the urine are as brittle as the urinal. Functional or Physiological albuminuria is held to occur in certain cases, and great dispute has raged around this point, but all seem to admit, that the exciting cause must be something unusual and excessive, and throwing more than a usually severe strain on the excretory organs of the body. The nervous system too influences the excretion of urine, and albumin may be present in small quantities in brain tumour, Apoplexy, following...
Epileptic fits, delirium tremens, exophthalmic goitre, and head injuries. I have met with many instances in cases operated on for P.I.W. Head, under my direct charge, where albumin has been present in the urine for some days, while there are instances of orthostatic albuminuria in young nervous people which are difficult to give any explanation of. In any disease attended by fever, albumin may be got in small quantity in the urine; it generally appears at the height of the pyrexia and disappears during defervescence, again changes in the blood, presence of toxins, chronic poisonings, and disturbances of the circulation, produce their ill effects upon the kidneys, though there may be no gross lesion present in the organs. To speak of nephritis without associating exposure would be breaking down one of the hallowed traditions of medicine. Oster gives exposure to cold & wet as one of the most
frequent causes of the disease, and then
followed Poisons of Specific fevers
notably that of Scarlet fever, less commonly:
Diphtheria, Smallpox, Measles, Malaria,
Cholera, Yellow fever etc. Syphilis however
must not be forgotten, and the disease
is prone to occur in the course of a
Septicaemia, acute conditions of the
skin, extensive burns, or Chronic
Skin diseases.

A primary infective epidemic nephritis
has been met with in Italy.
Toxic agents may give rise to an acute
 congestive condition of the kidney, which
goes on ultimately to a definite
nephritis, and amongst others perhaps
the best known are: Bartharides,
Tarantula, Mercury poisoning,
Barbolic acid, and arsenic. Alcohol
of itself never gives rise to acute
Bright's disease.

One may assume then from the above
that exposure to cold more often
determine the onset of acute Bright's
disease than give rise to it.
The subtle chemistry of the blood, and the many toxins produced in the human body require closer investigation in this light. Modern views regard nephritis as usually produced by some toxic agency, and especially as a result of infection, but that infection is often so trivial that it is apt to be overlooked.

Sore throats, diarrhoeas, severe colds, bronchitis, have all been suggested, but so far nothing definite has been proved.

Before taking up acute epidemic nephritis it might be well to consider briefly, acute Bright's disease as we meet with it in civil practice, and in the wards of a General Hospital. Males are more often affected than females, and young children are prone to suffer from the disease during an attack of Scarlet fever. Adults do not as a rule suffer much from the disease, unless they have been predisposed by
a former attack in early life. The onset is as a rule sudden, and
dropsy may be noticed within twenty-four hours. In children there
may be convulsions, while adults frequently complain of chilliness,
or rigors, and headaches. Nausea, and vomiting often usher in the disease,
while pain in the back is generally present. The temperature may be
raised 100-101 particularly in young children, but adults do not exhibit
this feature much. The most
characteristic symptoms are the changes
in the urine, which may at
first be scanty, high coloured, or
even completely suppressed.
The specific gravity is high, and
the colour varies from smoky to
Porter like. On standing there is a
heavy deposit, and microscopically
there are red blood cells, hyaline,
blood, epithelial casts. The albumin
is usually abundant in the early
stage. Anaemia as a rule sets in.
Early, and patients present the pale, puff, and pasty face so characteristic of the disease. The pulse tension is increased and the second aortic sound is accentuated. Anaemic symptoms only occur in a few of the cases at the onset, though they may be got at any time during the course of the disease. The oedema is usually localized to face and legs, but in severe cases effusion may take place into the sub sacs of the body, i.e.- Pleurae, Peritoneum, and the lungs themselves may become oedemaous. The diagnosis is rarely in doubt, as the symptoms are usually marked in the nephritis following, cold, or scarlet fever, and microscopic examination of the casts in the urine is of great assistance. Thus blood and epithelial casts, particularly those made up of leucocytes are more common in the acute cases, while hyaline and granular casts, are got in all varieties.
Morbid Anatomy.

The kidneys may present to the naked eye in mild cases no alteration, but when seen early in the more severe forms they are enlarged, congested, and dark in colour. The capsule strips easily and the cortex is swollen and turbid looking while the pyramids are of a deep red colour.

Histologically:

There may be:

i. Glomerular changes in which the tufts suffer first.

ii. Alterations in the tubular epithelium consisting of cloudy swelling, hyaline, and fatty degeneration of the lining cells with accumulation of leucocytes, red blood, and altered cells.

iii. Interstitial changes, here there is simply an exudate of red blood cells, and leucocytes between the tubules.
Course and Prognosis

The prognosis is always serious, but varies somewhat with the course of the disease. A fatal issue may occur so early as the second or third day. Complete recoveries unfortunately are all too rare, and the disease has a tendency to pass into the chronic stage, or the kidney weakened by first attack is predisposed to others. Scarletinal nephritis has a high mortality amongst young children amounting perhaps to one third of the cases. A favourable prognosis is indicated by a diminution of the oedema after a week, an increased flow of urine and a perceptible lessening in the quantity of albumin, while in from four to six weeks, the urine may be practically free. A much longer course however, eight to ten weeks is not incompatible with complete restoration, especially in young people.
Insidious cases however are all too common, the dropsy disappears, but the albumin persists as a trace, and the case goes on to the chronic variety. Relapses may occur from time to time during the course of the illness. Age is an important factor and cases which begin in middle life, rarely completely recover.

Symptoms of grave import are:
- Increase in the dropsy.
- Fall of Arterial tension.
- Occurrence of Anaemia, and serous effusion into the shut sacs of the body.

Should the disease go on to the chronic variety, the albumin usually increases, the oedema persists, and the patient becomes intensely pale and pasty looking.

The prognosis now becomes extremely grave, and death occurs either from Anaemia, oedema of the lungs, or secondary inflammation of the serous membranes.
In the Chronic Variety. Chronic interstitial nephritis the outlook is somewhat more hopeful, and sufferers may enjoy life for many years provided they live careful and regulated lives.

There is Polyuria and small quantities of albumin, and a few papillary casts. One outcome however is inevitable. — Cardiac disease which is determined by the increased arterial tension, and arterio-sclerosis, and the Patient becomes the subject of Cardiac attacks. Anaemia, Apoplexy, Oedema of the lungs, or some intercurrent disease generally carries off the Patient. One disease however — Puerperal Eclampsia, deserves special mention in this light. Here the urine may be loaded or almost solid with albumin, and the Patient in extremis from Anaemic fits, passing from one to another in rapid
succession, the kidney, to all intents and purposes is damaged and yet those cases often make complete recoveries, and do not go on to chronic renal disease, and this is of interest if we compare cases of French nephritis later.

The treatment of Bright's disease is disappointing on the whole, and we have no remedy which will of itself influence the output of albumin, or check the disease.
French Nephritis.

Etiology.

From a study of the cases which have come under our observation it would appear that French nephritis is not strictly confined to men who have been in the trenches as it was at first supposed.

In the series of cases, not a few appear to have contracted the disease when in billets, and some a considerable distance behind the firing line; none of our series originated at the base, but Sir John Rose Bradfield instances several cases which occurred in RAMC ordnance whose duties were entirely confined to base hospitals.

Exposure has been suggested as a cause, and while a few admit it, the majority give no history at all, and it is difficult to correlate the fact that during
The severe winter of 1914-15 there were but few cases of nephritis, and it was only as the year advanced, and conditions improved, that the disease assumed anything like epidemic proportions. There is no doubt however that exposure will set up a nephritis in a kidney already damaged by a previous attack, or predisposed through Alcohol, Syphilis, and the like.

It is a significant fact that the Indian troops in France have not suffered to any marked extent from the disease, although their conditions of life have been very similar to those of our own soldiers, and this lends colour to the theory brought forward by the French Physicians that French nephritis is really scarlatinal in origin as natives of India enjoy immunity from that disease.
Officers have not been attacked by the disease to any extent, one per cent of the cases however has been recorded amongst them. These were of the same character as those got amongst the men and were not limited to older Officers, but occurred in young, and old alike.

The question of water supply demands consideration on the grounds that prolonged use of chlorinated drinking water has a deleterious effect upon the kidneys.

Diet cannot be considered as a factor as the disease would then be more Pandemic.

Intestinal toxemia, typhoid, parasitic typhoid, etc have all been suggested, and even anti-typhoid inoculation has been blamed, but in none of the cases investigated was there any history pointing to such. (in one
case and R.A.M. & orderly at the
hospital (case quoted in series)
symptoms etc were dated from time
of inoculation, moreover if this
were the case we would have
expected epidemic nephritis to
have figured high in the
South African campaign.
Intestinal toxemia can be
excluded in that it is generally
associated with the presence of
indican, urobilin, and calcium
oxalate crystals etc in the urine,
but tests have failed to give
indication of these constituents.
Metallic Poisons have been negatived
by a process of ultra filtration
of the urine, and the use of
collodion sacs according to the
method of Nalpete.
Seasonal incidence in this, and in
the American Civil War as already
pointed out is somewhat remarkable,
the cases tending to be on the
increase from March till early
There is a gradual increase throughout the summer months greater perhaps than the relative increase in the number of troops in the field. Occupation in civil life appears to have no bearing on the disease. Age, the incidence appears to be greater in young men, and the following table of Sir John Rose Bradford's made from a series of over five hundred and seventy-one cases where casts were present, was as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Cases</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20 years</td>
<td>20 to 35 yrs</td>
<td>35 to 50 yrs</td>
</tr>
<tr>
<td>25 to 30 yrs</td>
<td>372 cases</td>
<td>21.5%</td>
</tr>
<tr>
<td>30 to 35 yrs</td>
<td>35 to 40 yrs</td>
<td>40 to 45 yrs</td>
</tr>
<tr>
<td>40 to 45 yrs</td>
<td>126 cases</td>
<td>96 cases</td>
</tr>
<tr>
<td>45 to 50 yrs</td>
<td>22 cases</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

The table shows a higher incidence of the disease in younger age groups.
Period of Service.

This perhaps is of interest, and will be referred to later under conclusions, but it would appear from the series that cases do not occur in men with less than six months service, or if they do they are distinctly few.

Morbic Anatomy.

The morbid anatomy of the kidney in a case which died shortly after admission to hospital showed great enlargement of both organs, the glomeruli were acutely inflamed, and there was much damage to the convoluted tubules and accumulation of altered cells, and leukocytes. The interstitial tissue of the kidney was inflamed, and there were numerous areas of small cell infiltration about the capsule, and throughout
the substance of the organ. No organisms of any kind were detected.

Extract of P.M. Report.

Body well developed, no signs of external injury, marked oedema of lower limbs, and some puffiness of face.

Lungs.

Both bases showed red haemorrhage, no fluid in pleural cavities.

Pericardium.

About four ozs free fluid.

Heart.

Muscle very flabby, right ventricle slightly dilated, valves all competent, no vegetations, etc.

Abdomen.

Slight amount of free fluid, all organs enlarged, and congested.

Liver.

Showed cloudy swelling.

There was no history or notes accompanying case, which was admitted with a convoy, in the
in the early hours of the morning
and patient died in an hour after
admission.

Case possibly one of acute nephritis.

Professor J. W. Andrews, who investigated
a few fatal cases, found a sub acute
diffuse nephritis, but in the series
investigated by Sir John Rose Bradford,
the deaths put down to the so
called French nephritis P.M. showed.

1. Chronic nephritis latent, and not
   recognised as such during life.

2. Congenitally malformed, atrophied,
   and hydronephrotic kidneys.

3. Congenital absence of one kidney,
   the one present showing deformity
   as a result of atrophy of a
   portion of its substance or due
   to an old infarct.

All three developed suppression,
and haemuria as a terminal
event.
Pathology.

Attention is naturally first directed towards the urine. Cathetic Specimens, and those got from the middle of the Stream were found on culture to be sterile, and in only a few odd cases were B. coli isolated. Blood cultures showed nothing and Wasserman reactions were negative in all cases selected, except where there was a definite history of syphilis. In no cases were cultures made from the throat, and investigation by others in this direction have been quite inconclusive. Blood counts revealed no reduction in the number of red blood cells, and the leukocytes were not appreciably increased or diminished at any period of the disease. Differential leukocyte counts proved of interest, in that there appeared to be an increase in the number
of eosinophils. The percentage ranging from 2% to 4%.

The haemoglobin index was never found to be below 45%.

Guinea Pigs were injected intraperitoneally with the cerebro spinal fluid obtained by lumbar puncture in cases with fits, but beyond a slight disturbance for twelve to twenty-four hours following the injection, the animals failed to react in any way, or show any signs or symptoms of disease.

Mackenzie Tullis has recently carried out some animal experiments with the urine got from cases of French nephritis. He employed Rabbits, and Monkeys, but his results were in no way conclusive, and it has not been possible to reproduce the disease in either Rabbits or Monkeys.

The urine however appears to be more toxic judging from the effects produced by the small
quantities used for injections, if we compare his experiments with the work on this subject as carried out by Bouchard.

**Signs and Symptoms**

The onset is generally sudden, and few complain of any premonitory symptoms. Here and there a man reports a general malaise for two or three days, but this seems to be rather the exception than the rule. A few have complained of slight sore throat, but in none have we observed a definite tonsillitis. The vast majority report rise because of swelling to oedema, which begins in the face, and rapidly becomes generalized, but it may remain quite localized, to face, and legs.

Transient oedema of the hands has frequently been met with. A noticeable feature is an erythematous blush of forehead, face, and neck.
This is much more marked in some than others, but when present it serves to give the patient a look of well-being. Many date their illness from the onset of dyspnoea, and it is the initial symptom in quite a number of the cases. Bronchitis is a frequent occurrence, and may or may not be associated with the dyspnoea. Headache mostly of the occipital variety. Pain in the back, occasionally shooting into the legs, are common to most of the cases.

The temperature in the early stages varies, but is usually raised. 99½°F for a few days, the pulse however keeps slow. The blood pressure does not appear to be at all constant. The range might be given from 100 to 180 mm. Hg. Systolic B.P. as recorded with the Riva-Rocci Sphygmomanometer. Diurnal variations are common, and there is generally a tendency to slight increase in the evenings. Abercrombie has observed
a difference of as much as 20 to 30, or even 60 mmHg, between morning and evening blood pressures, but this has not been especially noted in our series. High pressures e.g. 180 mmHg were associated with convulsions, but the pressure is found to fall rapidly after, unless the case in question, is one of chronic nephritis, and not true epidemic variety, while persistently high blood pressures are only associated with chronic renal disease.

Hypertrophy of the heart is not found, but the 2nd aortic sound is nearly always accentuated.

The most marked feature however is the urine. The majority of patients even in the early stages pass considerable quantities, and it is the exception to find small amounts of anuria. The urine is often bright red with blood, and this is occasionally the first thing to be noted, and such
cases have been sent from bleeding stations with the diagnosis of haematuria. Frequently however microscopic tests have to be employed to detect the presence of blood. Bright red blood may continue to be passed for several days. The quantity of albumin in the urine varies markedly from a mere trace to solid.

Casts are generally present, but are absent in quite a number of the cases. They are mostly of the hyaline variety, but granular, and blood casts, may also be got, while leucocytes are almost invariably present. With the exception of odd cases where E. coli have been isolated no organisms have been found in the urine.

Complications.

This occurs in not a few of the cases. They are occasionally preceded by severe headache, and the patients are dull, and apathetic, and take little interest
in their surroundings, but fits may come on without any warning what-
soever and in those who have given no hint as to the severity of
their condition. The fits do not resemble those seen in ordinary
neurasthenia, but rather conform to
epileptiform seizure, and remind
one forcibly of the eclampsia of
pregnancy. The patients are very
restless in the intervals between
the fits, and show themselves
violently about. Although dyspnœa
is often present as an early
symptom, the more severe forms
of uraemic dyspnœa such as
the well known Kussmaul type, and
Cheyne-Stokes breathing are never
seen. The blood pressure is
always raised before and during
the fits, and this is quite
appreciable even to the finger
but it passes off rapidly on their
subsidence. Lumbar puncture shows
the Cerebrospinal fluid to be under
high tension, and on venesection
the blood is thick, and inspirated,
and clots rapidly. Babinski's sign
was elicited in the intervals
between the fits. In one case
the patient seemed to have
completely lost his memory after the
fits, and only regained it after the
lapse of a week. In only one case
was there any change noted in
the fundus, and this was clearly
a case of long standing chronic
nephritis.

Course and Prognosis.

The disease as a
rule runs a very favourable course
and only one death is recorded in
the series observed, and there is
very reason to doubt that the case
in point was one of Greek
nephritis. This cause some anxiety
but are generally amenable to
treatment. The majority of Patients
cease to complain after the
œdema disappears, but some few


have lingering pains in the back, and others slight gastric disturbances e.g. hyperacidity and the like. It is a striking fact that nearly all look remarkably well, although they continue to pass urine loaded with albumin. They lack the pale, pasty, and heavy appearance so commonly associated with the disease as met with in Civil hospitals. Under treatment the albumin rapidly disappears, and it comes as a surprise to the Physician that in the course of from 24 to 48 hours a urine previously semi-solid comes to contain, but a faint trace. Again, cases are noted, which on admission showed only a mere trace of albumin, and in which after a few days it was present in abundance. The great majority of our cases cleared up in from ten to fourteen days, but the tendency to relapse has been noted in a few. Capt. Langdon Brown, in a series of
cases investigated in London makes note of this feature, and quotes cases where relapses occurred even after the patient had been discharged to a convalescent home, and where albumin persisted in the urine for fourteen weeks. This of course would lead us to suspect that some cases tend to become chronic, but from observations here the cases have always cleared up rapidly, and only in those with a questionable renal history have we noted the above.

Large quantities of blood seem to have little influence on the prognosis, and blood may continue to be passed in fair quantities for even five to seven days. The dyspnœa noted in many disappears almost immediately after the patient is put to bed, and got under suitable treatment. Coughs and mild degrees of bronchitis seldom persist for longer than a week. At no time have we seen
the disease going on to chronic nephritis.

It would appear then that the kidney is little if at all damaged, but whether the patients will be predisposed to other attacks or to nephritis as met with in Civil life is a debatable point, and one on which further evidence is required before any statement can be made.

Treatment.

Broadly speaking, the treatment adopted in the early stages conforms very much to that of acute Bright's disease. An appeal should be made to the skin, by placing the patient between blankets, clothing with flannel night-shirts, and maintaining warmth by hot bottles. The bowels must be kept free, and we have found it a distinct advantage to produce a mild degree of diarrhoea, by administering twenty to thirty grains of Sult. Salicylic
of every evening followed by half an ounce magnesium sulphate in the morning. The dryness has always yielded to this treatment, and on no occasion have we had to resort to other methods.

Diuretic mixtures were not given as they were found to increase the discomfort of the patient, and tended even to produce suppression.

Pilocarpine appeared to do more harm than good.

Hemic Fits

Free perspiration was always resorted to, and the fits controlled by the administration of Chloral Hydrate, and Bromide. Morphia was found to be very beneficial if given in small doses i.e gt. 6.

Lumbar puncture rapidly relieved the condition, and was carried out in every case.

Diet

The diet consisted of three pints of milk, and three pints of water
Soda water was given ad-lib, and as much Imperial drink as the patient would take. It was found to be a distinct advantage to add grs 15 Soda Bicarb to each milk feed. This prevented gastric disturbance, and indigestion which was complained of by some patients before its addition.

The fluid diet was persisted in until the albumin disappeared or only a trace remained, and when the urine was free from albumin on three successive days the patient was put on to ordinary milk diet. Those put on to a full diet immediately after the disappearance of the albumin relapsed, as far as traces of albumin in the urine were concerned.
Conclusions.

From a study of the cases and recent literature on the subject, it would appear that there is some as yet unrecognised nervous element associated with the disease. The true so-called epidemic nephritis does not perfectly the typical cases of a civil life nephritis, indeed the absence of casts in some few is remarkable as is also the variability in the quantity of urine secreted, and the amount of albumin present. The sudden disappearance of the dropsy, and the albumin from the urine, the rapidity with which all signs and symptoms clear up when the patient is put to bed, and got under suitable treatment the general appearance, and well being of the patient makes one pause to think.

Suggestions that the disease is due to some undiscovered organismal or protozoal infection are not
convincing, as we would have expected a more widespread epidemic unless we admit that only certain individuals are susceptible to the infection, and a small number at that. So far as we have been able to ascertain, the case incidence in the French army is much smaller than that in our own and this is of interest perhaps from point of view of their previous training.

As regards age incidence, no definite conclusions can be drawn as we would expect to find the disease more prevalent in men from 35 to 35, seeing that the bulk of the army is formed by men at that period of life.

The physiology of the kidney is such that the amount, and quality of the urine depend upon the circulation in the kidney, and no doubt also upon the activities, and secretions of the ductless glands.
and it is a well known fact that nervous excitation etc., can reflexly influence the flow, and quality of the urine secreted.

It is of interest that the great majority of cases have what really amounts to a Polyuria, and we see Patients Passing seventy, ninety, or even one hundred and fifteen ounces Per diem in the course of the disease. This Polyuria kept up over an indefinite period gradually asserts its influence on the highly organised cells of the kidney, and we have produced a mild type of nephritis with all its train of symptoms—headache, Pain in the back etc.

The early onset of diabetes in many accompanied by bronchitis in some few is of more than usual interest, and we would compare it with the onset of an attack of Asthma which all writers agree has a strong
nerve element behind it, and here too we get some support from the increased percentage of eosinophils in the blood. It would appear a feasible suggestion that the disease is due to nervous influences - increased tone of Vagus.

In susceptible individuals agitated and brought on by excessive fatigue and nerve strain during the course of their duties, and this is all the more likely to occur in men who are suddenly called upon from the various walks of life to take up strenuous and nerve-racking military duties, with very short previous training.

Men in the trenches must accordingly suffer most as they are undoubtedly subjected to greater strain, shell fire, and the like, and this is borne out in point of fact by the preponderance of cases amongst the Infantry. This may also afford some explanation of the gradual increase in the number
of cases occurring from March to October, as the Spring and Summer months are most favourable to military operations.

Since writing the above, I have recently noted the report of a discussion on "Nephritis in the field" from Germany by Dr. Th. Rumpel. He gives an account of a forced march in full kit after which 20% of the men had more than a trace of albumin in the urine, 80% of these had hyaline, and granular casts, and 25% red blood cells."
Bibliography:

Osler. "Principles and Practice of Medicine."

Butler. "Diagnosis of Internal Medicine."

Cubitt and Rolleston. "Systems of Medicine."

Beattie and Dickson. "Pathology. Vol. II."


"Blood Pressure in Epidemic Nephritis."

Note.

The following consecutive series of cases, have for convenience been recorded as on Specimen Case Sheet:

Name, Regiment, Age, Service.

Occupation or Bill of

Date of Admission.

Illness Preceding Attack.

Past History of Health.

Diabetes.

Insomnia.

Headache.

Vomiting.

Diarrhoea.

Fits.

Circulatory System.

Respiratory System.

Nervous System.

Hepatic System.

Urinary System. Including casts.

Quantity of urine &c.

As the albuminuria varied greatly in amount from a quarter to two thirds albumin by litre in the more severe cases, estimations being made.
on a twenty-four hours specimen of urine.
The following signs have been used to express
amount of albumine in cases.

+ Equivalent to 1/8. Volume.
++ Equivalent to 1/4. Volume.
++++ Equivalent to 1/2. Volume (semi-solid)

Quantities of blood have been passed
in the fevmo.

"Four unpublished Clinical Charts
have been appended."

---
<table>
<thead>
<tr>
<th>Date of Observation</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
<th>Corps</th>
<th>Rank and Name</th>
<th>Military Hospital</th>
<th>Age</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/7/16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Observation**

<table>
<thead>
<tr>
<th>Days of Disease</th>
<th>Temperature Farenheit</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/16/17/18</td>
<td>107°</td>
</tr>
</tbody>
</table>

**Temperature Farenheit**

| 107°            | 106°                  |
| 105°            | 104°                  |
| 103°            | 102°                  |
| 101°            | 100°                  |
| 99°             | 98°                   |
| 97°             |                       |

**Pulse per Minute**

| 1                      | 2                      |

**Respirations per Minute**

| 1                      | 2                      |

**Motions per 24 hours**

| 1                      | 1                      |

**Signature**

In charge of case,
**CLINICAL CHART.**
(To be attached to Case Sheet.)

**Corps:** 12th D.C.L.D.

**No.:** 24715

**Rank and Name:** Pa. Barrett Jr.

**Date of admission:** 6-5-16

**Age:** 47

**Service:** 1/12

**Military Hospital:** 2410 General

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of admission</th>
<th>Date of discharge</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Appendicitis</td>
<td>6-5-16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Dates of Observation | 6-1 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Days of Disease | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Fahrenheit</th>
</tr>
</thead>
<tbody>
<tr>
<td>07°</td>
<td>06°</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
</tr>
</tbody>
</table>

| Pulse per Minute | 88 | 94 | 96 | 96 | 94 | 98 | 96 | 94 | 93 | 77 | 72 | 72 | 72 | 72 | 72 | 72 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 |
| Aspirations per Minute | 26 | 22 | 18 | 20 | 16 | 14 | 12 | 10 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Nations per 24 hours | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Signature

In charge of case.
<table>
<thead>
<tr>
<th>Dates of Observation</th>
<th>17</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days of Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature Fahrenheit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>105°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>104°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>102°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse per Minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respirations per Minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motions per 24 hours</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Date of Observation</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>---------------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Temperature Fahrenheit</td>
<td>107⁰</td>
<td>106⁰</td>
<td>105⁰</td>
<td>104⁰</td>
<td>103⁰</td>
<td>102⁰</td>
<td>101⁰</td>
<td>100⁰</td>
<td>99⁰</td>
<td>98⁰</td>
</tr>
<tr>
<td>Pulse per Minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration per Minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stools per 24 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Galt A. R. USA. Age 21. Service 1 year.

Billets.

Admitted 6th March 1916.

Ill only a day, onset sudden.

Slight headache, pains in back,

and diarrhoea.

Illness preceding attack: Nil.

Past history of health: Nil to be noted.

Dropsy: No.

Dyspnoea: No.

Headache: Yes.

Vomiting: No.

Diarrhoea: Yes.

Fits: No.

Circulatory System: Aortic +

Blood Pressure: 140.

Respiratory System: Nil.

Nervous System: Knee J +

Urinary System: Passing normal

quantities of urine.

Albumin + + blood nil.

Bases: Nitrite, and an odd granular

cast present.

44-3-16 Alk + 62 ozs.

5/2-3-16 Alk at Trace 60-80 ozs.

13/5-3-16 Urine Clear.
Buches.
Admitted 10th March, 1916.
Sudden onset with swelling of face, headache, and dizziness.
Illness preceding attack: Nil.
Past history of health: Always good.
Droopy: Face and legs.
Dyspnoea: Yes.
Headache: Yes.
Vomiting: No.
Diarrhoea: No.
Vibs: No.
Circulatory System: Nothing abnormal.
Blood Pressure: 100.
Respiratory System: Nil.
Nervous System: Knee J. +
Urinary System: Has been passing average quantity of urine:
Sppr. 10%. Acid. Albumin ++
No blood.
Casts: None present.
11-3-16. Alb + 40 cts.
12-3-16. Alb at trace: 38-48 cts.

Chencies.

Admitted. 11th March 1976.

Onset sudden with pain in back, and legs, and swelling of face. Illness. Preceding attack. Drench fever a month before, and a common cold.

Past history of health.

Scarlet fever as a child.

Dropsy. face, legs.

Dyspnoea, nocturnal.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Fits. No.

Circulatory System. Aortic 2nd +

Blood pressure 140. Tension slightly thickened.

Respiratory System. Nil.


Haemopoietic System. Blood cultures, and Wasserman negative.

WBC 9,500.
Says he passed smaller quantities of urine, for two days before admission.

Acid. Albumin. +++ no blood. 1.016 spgs.

Casts. Hyaline and Granular.

12-3-16   Alb. +++   32.0 g
13/3-16   Alb. ++ blood a trace 30-38 g
16/3-16   Alb. + no blood.
20/3-16   Alb. a trace. 38-40 g
26/3-16   Urine clear. 45-50 g
Dr. B. R. I. A. Age 32. Service 1/2.

Billets.

Admitted 14th March 10.

Ill for about five days, onset sudden, with headache, pains in back, and legs. Oedema of face, hands, and legs.

Illness preceding attack: Nil.

Past history of health: Always good.

Dropsy: Face, hands, and legs.

Dyspnoea: No.

Headache: Yes.

Vomiting: Slight.

Diarrhoea: No.

Fib. No.

Circulatory System:

Aortic 2nd + Blood Pressure 120.

Respiratory System: Nil.

Nervous System: Kneels + Pains in legs.

Haemopoietic System: Blood cultures negative 10/30. 8,000.

Urinary System: Has not noticed any difference in quantity passed.
Albumin + Blood nil. Acid 10/18 sfgm.

Vask. Syphaline, and a few leucocytes present.

18 - 3 - 10. Alb. a trace. 60c.
19 - 3 - 10. Urine clear. 80c.
10 - 3 - 10. Urine clear.
Admitted: 14th March. Ill for a week with pain in back, headache, and passing of blood coloured urine. Illness preceding attack.

Past history of health.
Scarlet fever as a child.

Dropary: face and legs.
Dyspnoea: Yes.
Headache: Yes.
Vomiting: No.
Diarrhoea: No.
Fits: No.

Circulatory System: Nothing abnormal.

Respiratory System: Nil.
Nervous System: Nil.
Haematopoetic System: Blood cultures and Wasserman: negative.

10/3c. 8,500.

Urinary System. Has been passing fairly large quantities of red coloured urine. 10/18 sp. Acid. Alb: ++ blood: ++.
Gastr. Hypatine, granular, and red blood cells.

15 - 3 - 16 Alb. ++ blood + 32 cp
16/9 - 3 - 16 Alb. ++ blood a trace. 32-40 cp
20/33 - 3 - 16 Alb. ++ no blood. 40-16 cp
21/30 - 3 - 16 Alb. + blood a trace. 42-18 cp
31/3 - 3/4 - 16 Alb. a faint trace only. 40-55 cp
Pte B. V. Lance. Age 22 "1/2.  

Trenches.  


Ill for four days with headache, shortness of breath, and pain in back.  

Illness preceding attack: Lobar Pneumonia.  

Past History of Health: Always good.  

Dyspnoea: Yes.  

Headache: Yes.  

Vomiting: No.  

Diarrhoea: No.  

Fits: No.  

Circulatory System: Nil abnormal. B.P. 165.  

Respiratory System: Nil.  

Nervous System: Since 3+.  

Urinary System: Has been passing fairly large quantities of urine.  

 Alb. ++ no blood. Acid. 1018. spgr.  

Casts: None present.  

18 - 3 - 16. Alb. ++ 30. cys.  

19/23 - 3 - 16. Alb. + 28 - 40. cys.  

24.30 - 3 - 16. Alb. a trace 32 - 40. cys.  

31.5 - 3/4 - 16. Alb faint trace 40 - 45. cys.  

6/6 - 4 - 16. Urine clear. 4.5 - 50. cys.
Pt. Mr. Liverpool. Age 31. ½

Frenches.

Admitted 14th March, 16.

Ill for four days with headache, Bronchitis, and Swelling of face, and legs.

Illness preceding attack: Nil.

Past history of health: Never any serious illness, but is Alcoholic.

Dropsy: Face, legs, and hands.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: No.

So.

Circulatory System: Aortie 2nd

Blood Pressure 160.

Vessel walls thickened.

Respiratory System: Bronchitic sounds all over chest.

Nervous System: Nil.

Haemopoetic System: Blood culture and Wasserman negative.

Urinary System: Has not been passing much urine since
onset of illness.

Alb. ++ blood & trace. acid: 1020.56

Casts: Hyaline, epithelial, and granular.

18-3-16 Alb. ++ blood. + 24 ozs.
19-24-3-16 Alb. ++ blood & trace. 26-30 ozs.
30-3-16 Alb. ++ no blood. 22-28 ozs.
31/4-3/4-16 Alb. ++ no blood. 28-30 ozs.

Note:

Case probably one of ordinary nephritis.
1st. L. 1/4 f. r. Yorks. Age 54. Service 24 years.

Billik

Admitted 22nd March 10.

I am for seven days with

General malaise, headache,

Vomiting, and Shortness of breath.

Illness preceding attack: Nil.

Past history of health: fairly good,

Has history of syphilitic 1912,

And only one months treatment.

30 years ago.

Droopy face.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: No.

Yes: No.

Circulatory System: Aortic 2nd +

Blood Pressure: 140.

Vessel walls thick and hard.

Respiratory System: Nil.

Nervous System: Knee is +

Nil on examination of ears.

Haemopoietic System: Blood cultures

Negative, Wasserman Positive.
Urinary System. Has not been passing much urine since illness.

**Alb.++ blood a trace. Acid. 10/5, 4pp.**

**Basals. Numerous epithelial, granular, and hyaline.**

23. 3. 16. Alb. +++ blood a trace 200 cgs.


**Note.**

Case probably one of ordinary nephritis.

Chances.

Admitted 22nd March 1916.

Onset sudden with pain in back, headache, and vomiting.

Illness preceding attack Nil.

Past history of health: Scarlet fever in 1901.

Feaver: Yes.

Discharge: No.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: No.

Yes: No.

Circulatory System: Nil abnormal. B.P. 140.

Respiratory System: Nil.

Nervous System: Nil.

Urinary System: Has been passing average quantities of urine.

Alb + no blood Acid. 1018 spgr.

Tests: None present.

23-5-16 Alb + no blood. 38 ozs.

24/5-16 Alb: a trace. 38 1/2 ozs.

26/5-16 Urine clear. 42 50 ozs.

Admitted 23rd March 16.

Ia for four days, onset sudden with general malaise, Pain in back, headache, and swelling of face.

Illness preceding attack. Nil.

Past history of health. Always good.

Alcoholism. Nil.

Depressions of face and ankles.

Dyspnoea. Slight nocturnal.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Yes.

Circulatory System. Aortic 2nd B.P. 130.

Respiratory System. Nil.

Nervous System.None.

Haemo poetic System. Blood cultures, and Wassermann negative.

WBC 9,800.

Urinary System. Has been passing normal quantities of urine all along. Alb. + no blood.

Acid 1015 S.P. +
Casts: None Present

24 - 3 - 16. Alb' a trace, no blood. 10 oz.
25/20 - 3 - 16. Alb' very faint trace. 40 - 60 gr.
Died 9th Novels. Age 34. Service 1/2 x 8 &.

Bills:

Admitted 23rd March. 10.

Ill for about three weeks, with malaise, weakness and giddiness.

Illness preceding attack.

Septic leg two months ago.

Past history of health: Fairly good.

Dropsey: Face, and legs. No.

Dyspnoea: No.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: No.

Acute.

Circulatory System: Aortic z + BP 140.

Respiratory System: Nil.

Nervous System: Knee B +

Haematopoetic System. Blood cultures and Wassermann negative. 10.30. 11.000.

Urinary System. Has not been passing as much urine as before.

Alb. +++ blood a trace. Acid. 10.20 2 ph.

Cast. Numerous epithelial, granular, and hyaline.
21st. 3 - 16. Alb. +++ blood a face. 280 cp.
25/31. 3 - 16. Alb. +++ blood a face. 33 - 360 cp.
14th. 4 - 16. Alb. +++ no blood. 2m - 32 cp.
9th. 4 - 16. Edema has only just disappeared.
Case is one of ordinary nephritis.
Billiet

Admitted 3rd April 16.

Was ill three weeks ago.

General malaise, and giddiness.

Present complaint, onset sudden.

Swelling of face and legs.

Illness preceding attack. General malaise.

Past history of health. Several attacks of

Bronchitis.

Dropsy: face and legs.

Dyspnoea: slight.

Headache: yes.

Vomiting: no.

Diarrhoea: no.

Fets: no.

Circulatory System: Aortie $z^2 + BP 165$

Vessel walls slightly thickened.

Respiratory System: Bronchitic sounds all over chest, with moist sounds at bases.

Nervous System: Nil.

Haemo-Poietic System: WBC 11,000

Blood culture negative.

Urinary System: Has been passing
Small quantities of wine

Alb+++ Blood + Acid 22.0 8 Ppm.

Blas. Hypaline, Blood, granular and epithelial present.

4 + + + 10 Alb+++ Blood +  15 cc.
5/10 = 10 Alb+++ no blood    20 cc
8/10 = 10 Alb+++ Blood a trace. Oedema disappearing slowly.
10/10 = 10 Alb+++ no blood    30 cc.

Case one of ordinary nephritis.
Pre P. 11th June 1845, age 55. Advice 1/2 yr.

Saphenous Admitted 13th April 1845.

Ill for a week, with headache, swelling of face and legs.

Illness preceding attack. Has suffered from repeated colds of late.

Past history of health. Always been good.

Dropsy: face, feet, right hand, and forearm.

Dyspnoea: slight nocturnal.

Headache: Yes.

Tenderness: No.

Leucocrea: No.

Puls:

Circulatory System: Acute 2nd. BP 130.

Respiratory System: Cough with frothy expectoration.

Bronchial sounds all over chest.

Neurosympathetic System: Nil.

Hae'mopoietic System: W.B.C. 9200. Blood cultures negative.

Urinary System: Is passing large quantities of urine.

Urb +1+ blood + album. 1022. Lipps.

Casts: Hyaline, a few granules, and R.B.C. Present.
13. 11 - 10. Alb. ++ blood a faint trace.
14/6 - 11 - 10 Alb. + no blood. 80-100 oz.
14/9 - 4 - 10 Alb - a faint trace. Oedema all disappeared.
20/88 - 4 - 10 M. Cleared 110 oz.
S.P. No. C. R/B. Age 35 Service 1/2.

Admitted 19th April 16

Ill for a week, onset gradual with headache, dyspnoea, cough, and swelling of face and hand.

Illness preceding attack Nil.
Past history of health Nil to be noted.

Droop. Yes.

Dyspnoea. Yes.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Kidney. No.

Circulatory System: Aortic 24 + 135 mm. Hg.

Respiratory System: Cough and Dyspnoea.

a few high pitched Retches all over chest.

Nervous System. Nil.

Urinary System: Is passing normal quantities of urine.

Alb. + Blood nil / Acid 10 mg. S.P.s.

Urine clear.

12 h. s. Alb a trace 80 c.c.

19 h. s. Alb light faint trace 40 c.c.

24 h. s. Alb none present.

Admitted 14th April 16.

Ill about a week. Cough, headache, and slight swelling of face.

Dropsy: Face and ankles slight.

Dyspnoea: No

Headache: Yes

Vomiting: No

Diarrhoea: Slight

Yes.

Circulatory System: Aortic 2nd B.P. 110

Respiratory System: a few rales. Bronchi all over chest.

Nervous System: Area 1st

Haematicotic System: 10130. 9. 100.

Urinary System: Has not noticed that he is passing less water than usual.

Alb.++ blood+ acid. 10/10. Drop.

Case 75. Pyelone and a few leucocytes, and RBC present.

18 - 10 - 16. Alb.++ blood a trace. 6303.


20/22 - 14 - 16. Urine clear.

Morkes:
Admitted 9th April 10.

I've been sick for past two months, and was treated in hospital for French
fever three weeks ago. Present illness sudden onset with headache, pains in
back, and legs, swelling of face and legs.

Illness preceding attack. French fever.
Past history of health. Has always enjoyed
Good health.

Droopy. Face and legs.
Appetite. No.
Headache. Yes.
Vomiting. Yes (twice).
Diarrhoea. Slight.

Yes. No.

Circulatory System. Aortic 2nd
not accentuated. Blood pressure no.

Respiratory System. Slight cough, nil in chest.

Nervous System. Knee 2 + slight pains
in legs, and tenderness on pressure
over anterior surfaces of tibia.

Haemo poetic System. 1090, 11, 300 blood culture negative.
Urinary System: passing a normal quantity of urine.

Alb. nil, blood nil, Acid 10?5. spgr.

Casts: a few hyaline present.

18 - 10 - 16 Alb. + blood nil. 30 cc.
19 - 10 - 16 Alb. a trace, blood nil
20/23 - 10 - 16 Mainly clear. 60 cc.
Pt. Y., 48th Manchester, Age 27, Service 3½.

Yunker.

Admitted 14th April, 18.

I was for 10 days before admission, in bed, gradual with general malaise, then suddenly noticed swelling of face.

Illness Preceding attack: Nil.

Past history of health: Always been healthy.

Dry skin, face, and ankles: Yes.

Disprotea: No.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Stools: No.

Circulatory System: Acute, + Blood Pressure.

Respiratory System: Slight cough, and dyspnoea; and a few rales, + ronchi at bases.

Nervous System: Sense +.

Haemo- poetic System: 1012°, 8,300.

Urinary System: Has been passing fairly large quantities of urine all along.

Ab. + Blood (+) Acid 1020 S.P. +

Urine: Hyaline, Rbc, and a few leucocytes present.
18-4-96 Alb. ++ blood a trace. 3/6 yrs.
19-5-96 Alb. + no blood
21-5-96 Alb. a faint trace. 50-50 yrs.
Spr. C R E.  Age 33  Service 44

Bills.

Admitted: 14th April 10.

Ill for six days, onset sudden.
Pains in back, and body frequency of micturition, and Pain during act.

Illness Preceding attack: Nil.
Past history of health: Always good.

Droopy: face.
Dyspnoea: No
Headache: No
Vomiting: No
Diarrhoea: Yes

Yes. No

Circulatory system: Aortic ++  B.P. 110

Respiratory system: Bronchitic sounds all over lungs.

Nervous system: Face ++

HaemoPlenic system: Blood cultures negative R.B.C. 4,250,000  W.B.C. 8,500.

Differential count shows slight increase (1%) Eosinophils.

Urinary system: Is passing moderate amount of urine. Acid. 1.432.542.

Albumen: +++ blood: +++
Oasis. Hyaline and blood cells.
18 - + - +. Alb. +++ blood +++ 30 oz.
19 - + - +. Alb. ++ blood ++ 35 oz.
20 - + - +. Alb. + blood ++ 35 oz.
21 - + - +. Alb++ blood a mere trace. 30 oz.
22 - + - +. Alb+ no blood. 50 mp oz.
23 - + - +. Alb++ trace 35 oz.
24 - + - +. Main clear.

Admitted 19th April 10.

Ill for about 10 days, gradual onset with feeling of weakness, headache, pains in back, and swelling of face and ankles (which made him report sick).

Illness preceding attack: slight cough.

Past history of health: Always been good.

Dropsy: face, hands, feet, and ankles.

Dyspnoea: yes.

Headache: yes.

Vomiting: no.

Diarrhoea: no.

Yes.

Circulatory System: Pulse 2nd +. B.P. 140.

Respiratory System: A few rales in chest at bases.

Nervous System: Knee J. + +

Haeimopoetic System: 8,000. Blood.

Urinary System: is passing fairly large quantities of urine.

Albumin + blood nil. Acid 1608.
18-4-16. Alb. + blood nil. 60c.
19-4-16. Alb. a trace no blood. 50c.
Oedema nearly all gone.
20-4-16. Alb. a very faint trace. 60-100c.
21/3/8 - 4-16. None clead.
Mr. H. Young. Age 70. Service 1912.

Admitted 17th April 17.

Ill for three days, onset sudden, with headache, cough, and dyspnoea, and puffiness of face.

Past History of attack. Nil.

Past History of Health. Always good.

Droopy. Yes.

Dyspnoea. Yes.

Vomiting. No.

Diarrhoea. No.


tics. Yes. (Two.)


Before onset of fit, B.P. 180. fell again to 150 following day.

Respiratory System. Slight cough, a few Ronchi, and moist sounds present at bases.

Nervous System. Knee +.

Haemopoetic System. M.R. 8,000.

Blood cultures negative.

Urinary System. Has been passing average quantity of urine.

Urine+++ blood ++ acid. 1015 spgr.
Case 15. Hyaline, a few granular, and RBC.
18. 4 - +. Alb. ++ blood. + 30 gr.
is sweating profusely.
19/23 - 4 - +. Alb. + blood a trace. 10-60. gp.
24 - + - +. Alb. ++
has had two fits, hot pack,
Sweated profusely.
25 - + - +. a trace of albumine Present. 6 gr.
26/19 - 4 - +. Alb. Very faint Trace Present.
26/1 4/5 - +. urine clear. 1/4.50 gr.
Dr. R. D. W.  Age 38.  Service 1755.

Billets

Admitted: 21st April. D.

Ill for ten days with headache,
pains in back, swelling of face and
ankles.

Illness preceding attack, has suffered from
colds of late.

Past history of health. Bright's disease.
Three years ago, and was a month
in hospital.

Dropsy.  face, and ankles.

Dyspnea.  No.

Headache.  Yes.

Vomiting.  No.

Diarrhoea.  No.

Circulatory System.  Aortic 2nd++
B.P. 165.  Vessel walls are thickened.

Respiratory System.  Nil.

Urinary System.  Is not Passing

much water.  Alb++ blood in

Trace.  Acid 10%-20%, Pyr.

Masts.  Granular, epithelial, blood,

and hyaline present.
22 - 1 - 16. Alb. ++ blood a trace. 25 cc.
23/8 - 1 - 16. Alb. ++ blood a faint trace. 30-35 cc.
24/8 - 1 - 16. Alb. + Edema has now all disappeared.

This is a case of old nephritis with exacerbation.
Agt. D. Royal Engineers. Age 43. Service. 14/3.

Billets

Admitted. 21st April 18.

Ill for five days, sudden onset of chilliness, pain in back, headache, passage of dark-coloured urine, and swelling of face.

Illness preceding attack. Nil.

Past history of health. No previous renal trouble, always been a healthy man.

Dyspnoea. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Yes. No.


Respiratory System. Slight cough, but nothing found on examination of chest.

Nervous System. Nil.

HaemoPoietic System. W.B.C. 8,300.

Urinary System. No passing ordinary amount of urine.

All. +4 no blood. Acid. 1015 ± pH.
Casts, hyaline, and a few granular present.

22 - 14 - 16. Alb + blood, a faint trace. 95°.3
23 - 14 - 16. Alb, a trace, no blood. 93.6°.
24 - 14 - 16. Alb, very faint trace, no blood.
25 - 14 - 16. Alb, can only be detected.
26/29 - 14 - 16. Urine clear. 80-100. Os.
Pte B. West Ridings age 19, Service: 1 1/2
Yankees

Admitted: 21st April 18

Ill for a week with pain in chest, cough, headache, swelling of face, and legs.

Illness preceding attack. Slight Bronchitis a week.

Past history of health. Nil to be noted.

Dropy: Yes marked in face, eyelids, cheeks, ankles, and back.

Epistaxis: Slight nocturnal.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Fits: Yes (one).


Respiratory System: A few moist cells and Ronchi all over chest.

Nervous System: None.

HaemoPoetic System: M.B. 10,000.

Urinary System: Passing 600 g. urine.

Alb.+++ blood. Nil. Acid 18.22 x 100.

Earks: Hyaline, and leucocytes present.

22. x. 18. Alb.++ no blood. 3000.
23. x. 18. Alb.+++ no blood. 40,000.
24. x. 18. Alb. a trace, blood nil. 5200.
25. x. 18. Urine clear. 60-100 cc.
Age & Sex. Age 34. Service 15 years.

Admitted April 21st. 14.

Ill for about a week, onset sudden, with severe occipital headache, pains in small of back, and frequent passage of dark coloured urine.

Illness preceding attack Nil.

Past history of health. No Previous illness, or history of kidney trouble.

Dropsey. Yes, eyelids, and ankles.

Dyspnoea. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Yes. No.

Circulatory System. Aortic 2+ blood P. 120.

Respiratory System. Nil.

Nervous System. Nil.

Haemopoietic System. 1012 9.150.

Urinary System. Passing 35 oz wine red diuresis.

Albumin. ++ blood + acid. 160.590.

Casts. Kylaine only present.

33 - + + alb. + blood. + 160.590.
33 - alb. ++ blood faint trace. 160.590.

Yenches.

Admitted: April 24th. 16

In four days, onset sudden, headache, dyspnoea, and swelling of face.

Illness preceding attack: Nil.

Past history of health: Syphilis, two years ago.

Droopy: Face.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: No

Diarrhoea: No.

Yes, yes one at onset of illness.

Circulatory System: Aortic 2nd. + D.P. 100.

Respiratory System: Nil.

Nervous System: Knee B++

HaemoPlastic System: W.B.C. 9,700

Wassermann Test Positive.

Urinary System: No passing normal

Quantity of urine: Alb + blood nil.

Casts: A few hyaline present.


1/3 - 3 - 16. Alb' a very faint trace.

Trenches.

Admitted 24th April 10.

Ill for a week, onset sudden, with headache, backache, swelling of face and ankles.

Illness preceding attack: for past seven weeks has suffered from dyspepsia.
Past history of health: always good.

Diplopia: face, and ankles.

Dyspepsia: No.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: Slight.

Circulatory System: Aortie 2nd + B.P. 120.

Respiratory System: Nil.


Casts: None present, a few leucocytes.

20-40-10. Alb + no blood. 40 c.c.

2/3-4-10. Alb + no blood. 52 c.c.

1/3-4-10. Albumin faint trace. 50 c.c.
Pt. Y. wfranches. Age 33, Service 1 Yrs.

Fitches.

Admitted 24th April 10.

Ill for four days, sudden onset.


Illness preceding attack. Nil.

Past history of health. Nothing to note.

Dr. psy. face.

Dyspnoea. Slight nocturnal.

Headache. Yes.

Vomiting. No

Diarrhoea. No

Yes. No

Circulatory System. Aortic 2+ B.P. 100.

Respiratory System. Nil.

Nervous System. Nil.


Acid. 10.18. 28.2g.

<table>
<thead>
<tr>
<th>Casts.</th>
<th>An odd hyaline cast seen.</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 - +</td>
<td>Albumin &amp; Trace. no blood. Exp.</td>
</tr>
<tr>
<td>28/1 - 8/16</td>
<td>Urine Clear. 80 - 90 C.P.</td>
</tr>
</tbody>
</table>
Agt. A. R.E. Age 32. Service 1 year.

Admitted. 24th April 16.

The few days onset gradual, three weeks previous had similar complaint, and was off duty two days, after which he was quite well. Present attack began with pain in side, and headache.

Illness preceding attack. History of short similar illness.

Past history of health. No.

Gouty. Face, hands, and feet.

Dyspepsia. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Yes.

Circulatory System. Aortic 2nd + B.P. 120.

Respiratory System. No.

Nervous System. Knee Jt. has had headache off, and on for past two weeks.

Haemopoietic System. M.P. 8,500 blood cultures negative.

Urinary System. Has not noticed that he was passing less water than before.
Albumin. + no blood. Acid 10.30. spgr.

Necrot. hyaline, and a few leucocytes present.

28 - 4 - 10. Albumin. + no blood. 50.83.

29 - 4 - 10. Albumin. a trace no blood. 55.03.

All oedema has disappeared.

30/2 - 4/5 - 10. Urine clear. 50-80. g.

Ph. P. John 94, Age 60, Service 1812

Admitted 24th April 18.

Onset gradual, headache, and swelling of face and feet, which has occurred on and off for the past three months.

Illness preceding attack: Nil.

Past history of health: Has had an occasional attack of bronchitis.

Deepdy. face, feet, and left hand.

Dyspnea. Slight Nocturnal.

Headache. Yes.

Vomiting. No.

Diarrhea. No.

Yes.

Circulatory System. Arteric 2nd + B.P. 160.

Vessel walls slightly thickened.

Respiratory System. Cough, and a few moist sounds, and ronchi in chest.


Casts. Nil at present.

28th. 10. Albumin a Trace 40. 00.

29th. 4th. Alib. a very faint trace. 45. 00.

30th. 1/16. Alib. Alum. A few hyaline casts now and then.

Case probably one of chronic nephritis.
Rifle B. Rifle Brigade. Age 33. Service 1720.

Admitted. 30th. April. 10.

Ill for ten days with headache, pain in back, and tightness in chest, two days ago swelling of face.

Previous Illness: Nil.

Past history of health: Nothing to note.

Dropsy: Face, hands, legs, and abdomen.

Suppura: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: Slight.

Yes. No.

Circulatory System: Lesion 3rd. Blood 120.

Heart, sound at apex, rough and prolonged, but no murmurs.

Respiratory System: A few high pitched ronchi all over chest.

Nervous System: Nil.


Urinary System: Has noticed that quantity of urine passed has less than usual. Urine 7.04 no blood acet 10.20.
1 - 5 - 10. All a very faint trace. 4653 yrs.
2 - 5 - 10. All a faint trace. 25 yrs.
3 - 5 - 10. Wine Clear.

Trenches.

Admitted May 3rd, 1863.

Ill for three days, onset sudden, with headache, pains in back, and swelling of face.

Illness Preceding Attack. Nil.

Past History of Health. Always good.

Droopy: Face.

Dyspnea. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. Slight.

Yes. No.

Circulatory System. Aortic 2nd B.P. 185.

Respiratory System. Nil.

Nervous System. Knee B+

Urinary System. Passing water frequently, but no diminution in quantity.

Alb. + no blood. Acid 10%.

Back. None present.

y. 5. 10. Alb. + no blood. 60 oz.

s. 5. 10. Alb. Very faint trace. 60 oz.

a/2. 5. 10. Urine Clear.
Ph. B. Welsh. Age 40. Service 1½.

Yanceo.

Admitted 2nd May 18

Ill for a week with dyspnoea, swelling of face, and legs, headaches and pains in back and legs.

Illness preceding attack. Nil.

Past history of health. Was always healthy.

Droopy. Yes.

Dyspnoea. Yes.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Circulatory System. 2nd aortic + B.P 140.

Respiratory System. Nil.

Nervous System. Nil.


3-5-10 Albumin ++ Blood ++ Fygs.

3/5-10 Albumin +++ Blood + 4 x Gs.
6/10 - 3-10 Alb. ++ blood + 45-50 qs
7/11 - 5-10 Alb. ++ blood a trace 40-50 qs

Note:

Eyes examined, some flame haemorrhages in Retinae.

Case one of Chronic nephritis, or Grunch nephritis grafted on old kidney condition.
Ph B / Oasis / Age 25 / Service 5 years

Admitted: 6th May.

Ill for four days, headache, epigastric pain, and diarrhoea, swelling of face.

Illness preceding attack: Nil.

Past history of health: Always been good.

Droopy / Face and ankles.

Dyspnoea: Yes. Nocturnal.

Headache: Yes.

Vomiting: Slight.

Diarrhoea: Yes.

Yes.

Yes.

Yes.

Respiratory System: Nil.

Circulatory System: 2nd 10th & BP 90.

Nervous System: Nil.

Haemopoietic System: 10X 100000. Blood cultures negative.

Urinary System. Is passing average quantity of urine.


Casts: No, granular casts, red blood cells, and leucocytes.

4-5-10. Alb.++ Blood. + 450 gr.
2/4 - 5 - 16 Alb. + blood a trace. 40. 50. cgs.
10 - 5 - 16 Alb. + no blood: 55. cgs.
11 - 5 - 16 Alb. A very faint trace 48 cgs.
12/10 - 5 - 16 urine clear.
Pt. W. North Staffs Age 18, Service 1 year.

Admitted 6th May 10.

Onset sudden, headache, aching in legs. Tightness in chest, came on after a long march. then noticed blood in urine.

Illness Preceding attack Nil.

Past history of health Always Good.

Dropsy Slight puffiness of face.

Circulatory System and arterial + BP 100.

Respiratory System Nil.

Nervous System Knee J o ++

Haematopoietic System MP MS 9,500, blood cultures negative.

Urinary System Slight frequency, and slight diminution in quantity.

Alb + + blood + Alkaline 10% Bp.

Casts, hyaline, and Red present.

8/10-8/10 Alb. a very faint trace no blood. 35 ± 502.

11/10-8/10 Urine clear.
Dr. W. A. E. C.  Age: 24  Service: 10/12.

Billets:

Admitted to the May 10th.

Ill for ten days, with headache, epigastric pain, Puffiness of face, and eyelids.

Illness preceding attack: Nil.

Past history of health: Always been good.

Dropsy: / Face and ankles.

Disphnea: Slight - nocturnal.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: No.

Circulatory System: 2nd Aortic + R.B.P. 160.

Respiratory System: Nil.


HaemoPoetic System: 10,000 9,600. Blood cultures negative.

Urinary System: Has been passing average quantities of urine all along, and been Sweating Profusely.


Urine: Acidine, a few granular and leucocytes.

Y. 5 10, Albi ++ no blood: 80.0%.
8 5 10, Albi ++ no blood: 90.0%.
9 5 10, Albi + no blood: 80.0%.
10 5 10, Albi a faint trace: 82.0%.
1/2 5 10, Urine clean.
Pte. R. R. Y. A. Age 25. Service. 1st W.

Admitted: 19th May 16.

I've been ill for a week, has been in the trenches every second day since December. I've had headache, pains in back, and swelling of face, cough, and shortness of breath.

Illness preceding attack: Nil.

Past history of health: Always Good.

Dropsy: Face and legs.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: Slight.

Circulatory: 2nd Aortic. BP. 100.

Respiratory: Nil.

Nervous System: Knee 3 +

Haeemotonic: W.B.C. 8,000.

Blood cultures negative.

Miliary: Has not noticed any difference in amount of urine passed, but water looked dark and thick.

All: + blood. + acid. 1018. 591.
Mask, hyaline, granular, and leucocytes.

20. 5. 10. Alb. + blood, a trace. 31 cgs.
21. 5. 10. Alb. + no blood. 30 cgs.
22. 5. 10. Alb. + a trace. 32 cgs.
23/24. 5. 10. Alb. +++ no blood. 39. 1.8 cgs.
25. 5. 10. Alb. + a trace. 43 cgs.
26. 5. 10. Alb. a very faint trace. 94. 60 cgs.
27/30. 5. 10. Mucus clear. 65. 90 cgs.
Dkr B. 1/2 Durham. Age 44. Service: 1 1/2.

Chances.

Admitted 6th May 16.

Ill for five days, with pains in back and legs, after which he noticed that his urine was very red, and that his face swelled up.

Illness Preceding attack: Nil.

Past History of health: Always been healthy.

Dropsy: No.

Face and legs.

Dyspnoea: No.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: Yes.

Yes.

Yes.

Dyspnoea: No.

Respiratory System: Nil.

Circulatory System: 2nd Aortic. + BP 140.

Respiratory System: Nil.

Nervous System: Knee J + Pain on Pressure over tibia, no tenderness in calves.

Patient is dull and heavy.

Urinary System: Has been passing fairly large quantities of urine. Albumin ++ Blood +

Casts: A few hyaline, red blood cells, and leucocytes present.

8/10 5-10. Alb. a faint trace, no blood. 40cgs.
10/11 5-10. Alb. a very faint trace. 40cgs.
12/16 5-10. No albumin present. Urine clear.

Chancs.

Admitted. 8th May 10.

Ill for a week, onset sudden,

Pain in the back, and legs.

Illness Proceeding Attack. Nil.

Past History of Health. Always good.

Dropsy. Yes.

Dyspnoea. Yes.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. Yes.


Circulatory System. Aortic + BP 120.


Respiratory System. A few rales at bases.

Nervous System. Fine 2++

Urinary System. Is Passing average

Quantities of urine.

Abb. +++ no blood. Acid. 10/18 sp. gr.

Casts. Hyaline, and a few granular.

9-5-10. Abb. ++ no blood. 40 ozs.

10-5-10. Abb. + no blood. 42 ozs.


14-5-10. Urine clear. 40-60 ozs.

Systolic murmur disappeared. Pulse Quite regular. Blood Pressure 15 mm Hg after third day.

Illness
Admitted: 10th May 16.
Ill for three days with shortness of breath, swelling of face, and headaches.

Past history of health: Always Good.

Dropsy: Face, hands, and legs. Yes.
Dyspnoea: Yes.
Headache: Yes.
Vomiting: Yes.
Diarrhoea: No.

Circulatory System: 2nd Aortie + P. P. 100. Heart action is disordered, and irregular beats are missed, and second Pulmonary sound is reduplicated.

Respiratory System: Nil.

Nervous System: Knee J. ++

Haemopoietic System: Blood cultures negative: 10^30 8,500.

Urinary System: Has been passing fairly large quantities of urine.
Albumin. + no blood. Acid. 10/15 sPh.

Oats. A few hyaline present.

- 14. 6 - 10. Alb. a faint trace. 440zs.
- 18/9 5 - 10. Alb. a trace. 68. gs.
- 20/28 5 - 10. Urine clear. 65-76. gs.

Note.

Feels very comfortable, and looks well. Heart's action is quite regular now.
Ph. D. S.W. B. age 41. 1½.

Syringe.

Admitted 19th May 19.

Ill for three weeks, but only off duty for five days. Complained of tightness in chest, cough, headache, and pain in back, swelling of face.

Illness preceding attack. Nil.

Past history of health. Rheumatic fever eight years ago.

Drop. Yes.

Face, feet, and ankles.

Yes.

Headache.

No.

Vomiting.

Diarrhoea.

No.

Circulatory: Afton. 2nd Aortic + B.P. nil.

Respiratory: Afton. Rales & Ronchi both bases.


Nassermann negative. W.B.C. 14,500.

Urinary Afton. Has been passing average quantities of urine.

Alb. ++ blood a trace. Acid. 10.75, 89.

Basts. Hyaline, granular, and a few R.B.

20-5-19. Alb. + no blood. 15gms.


22-5-19. Urine clear, no cast found.

Billets.

Admitted.  23rd May.  16.

Ill for six days.  Pain in back, Rigastrium, and headache.

Illness Preceding attack.  Nil.

Past history of health.  Renal disease before enlisting.

Droisy.  No.

Dyspnoea.  Y.

Headache.  Yes.

Vomiting.  Yes.

Diarrhoea.  No.

Yts.  No.

Circulatory System.  Astolic.  P.P. 140.

Urinary System.  Has been passing small quantities of urine.


Casts.  Aspline, granular, epithelial.

24. S.  10.  Alb. + blood a trace.  24 grs.
25. 5.  10.  Alb. + no blood.  30 grs.
26. 28.  5.  10.  Alb. a trace, no blood.  32-50 grs.

Casts still present.

Case probably an attack superimposed on an already damaged kidney.
Gr. S. B. G. A. age 24 Service. yrs.

Pellegr.
Admitted 23d May 16.

Ill for a week, with headache.

Pain in back, swelling of face, and legs.

Illness preceding attack. Intestinal obstruction.

Two and half months previous.

Past history of health. Always good.

Dyspnea. Face, ankles, and abdominal wall.

Dyspnea. No

Headache. Yes

Vomiting. No

Diarrhoca. No

Yrs. No

Circulatory System. 2nd Arteric +. B.P. 114.5

Nervous System. Anx +.

Hæmopoetic System. Blood cultures, and

Wassermann negative. 10/2 9.4.00.

Urinary System. Passing fairly large quantities of urine.

Alb. ++ no blood. Acid. 1015.5p.g.

Casts. Silicate, and at few Granular.

26-5-16. Alb. + no blood. 53.05.

28-5-16. Alb. + no blood. 40.96. 0.3.

28 - 5 - 16. Alb. + no blood. 145. 0.3.

29 - 5 - 16. Alb. + no blood. 145. 0.3.

50/5-51/6-16. Alb. Very faint trace. 68. 46. 0.3.
Dr. C. R.T. A. age 23. Service 1911.

Billets.

Admitted. 29th May 10.

Ill for a week, headache.

Vomiting, dull and depressed, face puffy.

Illness Preceding Attack. Nil.

Past history of health. Always good.

Deepsky. Face, and legs.

Dyspnœa. No.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. No.

Fibs. Yes (six)

Circulatory System. 2nd aortic + B.P. 180.

during fits. Fell to 130, and later to 120.


Haemopoetic System. Blood cultures negative.


mine. Alb.+++ blood + acid. 10-20, esp.

Casts. Lymphatic, granulata. R.B.C. and leucocytes.

30-5-16. Alb.+++ blood +. 25 g.

1-6-16. Alb.++ no blood. 15 g.

Has been sweating profusely, oedema

all gone. Tibs stuffed.

2/4 - 6-16. Alb. a fainttrace. 10-50. g.

28 - 6-16. Urine Clear.
Dr. R. R.T. 7.  Age: 60. Service: Ys.

Necesas.

Admitted 29th May 16.

History of two severe fits, at
6 a.m. I was for three days Parous, with
headache, vomiting, and pain in back.

Illness preceding attack: Nil.

Past history of health: Always good.

Dyspnea: No

Dysentery: No

Headache: Yes

Vomiting: Yes

Diarrhoea: No

Fits: Yes. Two none since admission

Circulatory system: Aortic 2. N. +. BP. 135

fell to 10, after three days.

Respiratory system: Nil.

Nervous system: Patient is dull, and

heavy, and not sure of his where-

abouts, he can answer questions when

posed. After twenty four hours all

these symptoms cleared up, and he

became quick right

Haemopoietic system: WBC 11,000. Blood
culture, and Wassermann negative.
Urinary System. Is passing an average quantity of urine.

Alb+++ Blood+ Acid. 10-20 spg.

Cas. Hyaline. Granular, RBC and leukocytes.

30-5-10. Albumin+++ Blood+ 35 ggs.
31-5-10. Albumin+++ Blood+ 30 ggs.
1/3-6-10. Albumin+ Blood a trace. 30-40 ggs.
3/10-6-10. Albumin a very faint trace. 15-20 ggs.
1/10-6-10. Urine clear.
Dr. N.R.Y.W. Age 29 Service 1½

Billets

Admitted 29 May 16

Ill for five days with headaches, pain in stomach, sickness, and passing of dark coloured urine.

Illness preceding attack: Nil

Past history of health: Nil to note

Oedema Nil

Oesophagus: No

Headache: Yes

Vomiting: Yes

Diarrhoea: High

Vib: No

Circulatory System: Aortie 2½ + B.P. 140

Respiratory System: Nil

Nervous System: Very excitable head +

Haemopoetic System: No +

Blood cultures and Wasserman negative.

Urinary System: Is passing an average quantity of urine:

Alb ++ no blood: Acid 1020 sp gr

30 - 5 - 10 Alb: a trace

50 ozs.

51 - 5 - 10 Alb: a faint trace

55 ozs.

1/3 - 6 - 10 Urine clear
Age 22. Service 1½ yrs.
Bible
Admitted 29th May 19

Felt quite well until four days ago suddenly seized with headache, pain in back, and stomach. Vomiting, face became puffy, and legs swellen.

Illness Preceding attack Nil.

Past history of health: Always Good.

Dropsey. Face, and legs.
No.

Headache. Ys.

Vomiting. Ys.

Diarrhea. Ys.
No.

Circulatory system. 2nd Aortic + BP 100.

Respiratory system. Nil.

Nervous system. Anx &

Urinary system. Is passing fairly large quantities of urine:

Abt. ++ blood at trace. acid. 10/85"/oz.

Rack. A few hyaline, and RBC present.

50-5-10 Abt. ++ blood slight trace. 50/oz.

31/2-5-10 Abt. a very faint cloud. 50-65 oz.

W - 0. 10. Urine clear.
Pt. Mr. St. 2nd Border Rgt. Age 32. Service 2 yrs.

Admitted. 29th May. 10.

Ill for about a week with headache
Giddiness, pain in back, and swelling of face
Illness preceding attack. Nil.
Past history of health always been good.

Dropy face.
Dyspncea. No.
Headache. Yes.
Vomiting. No.
Diarrhoea. Slight.

Yes. No.

Circulatory System. Aortic not +. BP. 130.
Respiratory System. Nil.
Nervous System. Nil.
Haemopoietic System. No. 2000 Blood Culture
and Wassermann negative.

Urinary System. Has not noticed any change
in urine.

Alb. + no blood. Acid. 105 5/70.

Crass. None Present.

30 - 5 - 10. Albumin very faint trace. 55 cgs.

1/4 - 0 - 10. Urine clear. 50 cgs.
Base Hospital. 
Admitted 30th May 10.

Ill for four days. With headache. Pain in back. Slight swelling of face and ankles.

Past History of Health. Always good.

Dyspepsy, Face, and ankles.

Dyspnea. No.

Headache. Yes.

Vomiting. Slight.

Diarrhea. No.

Hts. No.

Circulatory Aptom 2nd Aortic + BP 135.

Nervous Aptom. Knees +

Anemic Poetic Aptom. Blood cultures, and

Wassermann negative. 103c 10 900

Urinary Aptom. Has been passing small

Quantities of urine. Alb + + Blood + Acid ++


31 5-10 Albumin + + A Trace of blood 10 95

1/3 6-10 Albumin + A Trace of blood 15-20 95

4-6-10 Albumin + + Blood + 12-19 95

6-10-10 Albumin + + Blood + Trace 15-38 95.

Note. A case of ordinary nephritis.

Admitted 2nd June. 06.

The fever at week, onset sudden, with headache, pain across back, swelling of face. Illness Proceeding attack. Nil.

Past history of health: Enteric 15 years ago.

Drosy: Face and legs.
Dyspnoea: No.
Headache: Yes.
Vomiting: No.
Diarrhoea: No.

Circulatory System: 2nd aortic + B.P. 120.
Nervous System: Nerve 3 +
Endocrine System: Blood cultures Wassermann negative. W.B.C. 8,700.

Urinary System: Has been passing the usual quantity of urine.

Albumin + no blood: Acid 1015 spgr.
Cast: None present.

3/10 - 6 - 10. Albumin a trace, no blood. legs.
4/5 - 6 - 10. Albumin a very faint trace. spgr.
6/12 - 6 - 10. Urine clear.
The G. South Staffs. Age 17. Service 1 year.

Frenches.

Admitted 2nd June 16.

Ill for five weeks. Pains all over body, and legs, headache, and pains in back, got quite well, and went back to trenches. Four days ago face, and legs, became swollen, and headaches became very severe.


Dropsy. Face, and legs.

Dip. None. Slight.

Headache. No.

Vomiting. Yes.

Diarrhoea. No.

Yes.

Circulatory System. Heart normal. BP 140/85.

Respiratory System. Nil.

Nervous System. Ankle 9 & 3 very sluggish.

Haemopoetic System. Blood cultures negative.

Uinary System. Has been passing fairly large quantities of urine. Alb. the blood. 1878.

Casts. A few hyaline present.

3- 6- 10. Alb. a trace in blood. 40c.

1/2- 6- 10. Alb. a few faint traces. 80- 90c.

1/4- 6- 10. Urine clear.
Bar. A. W.A. Age 23. Service 8 years.

Admitted 6th June 10.

Onset gradual with pain in right side over liver, and pain in back, headaches which were more severe than usual.

Illness preceding attack: Nil.

Past history of health: Has suffered from migraine headaches for past ten years.

Dropsy: No

Dyspnoea: No

Headache: Yes

Vomiting: Slight

Diarrhoea: No

Jaundice: No

Respiratory System: Nil

Nervous System: Knee B+

Urine:

Quantities of water, Alb + no blood and 1/16.

Lasky: A few hyaline present.

V. 6 - 10. Albumin + no blood. 4-50 grs.

3/4 - 6 - 10. Albumin + no blood. 4-45 grs.

10 - 6 - 10. Urine clear. 50 grs.

1/10 - 6 - 10. Albumin a trace. 40 grs.

1/8 - 6 - 10. Urine clear.

[Handwritten] 

Illness Proceeding attack. Nil.

Past history of health. Has always been good.

Painless. / Face, hands, ankles.

Dyspnoea. No

Headache. Yes

Vomiting. No

Diarrhoea. No

Past. No

Circulatory System. Systolic and Aortic + B.P. 135.

Nervous System. Knee 3+

Haemo-poetic System. Blood cultures and

Wassermann negative. 1010 x 1000 Xantophila 5%

Urinary System. Has been passing average


Case 15. None. Present.

4. 6 - 10. Albumin a Trace, no blood. 28.078.

8. 6 - 16. Albumin a very faint trace. 30.936.

Apr. 6 - 10. Urine clear.
Dr. P. R. H. W. Age: 39. 1 1/2 Service.

Billet.

Admitted 13th June, 16.

Ill for a week, sudden onset, headache, pain in back, and tightness of chest.

Illness preceding attack: Nil.

Past history of health: Always good.

Drospy: Face, and ankles.

Disphoea: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Fibs: No.

Circulatory System: Heart normal. B.P. 135.

Respiratory System: Nil.

Nervous System: None ++

Urinary System: Has been passing fairly large quantities of urine. Alb. + no blood. Acid. ++

Waste: None present, only a few leucocytes seen.

14 - 6 - 10. Alb. + no blood. 58 cgs.
16 - 6 - 10. Alb. + + 38 cgs.

Complains of very great headache 16 day, and is still and

Arrowsy: 15 - 6 - 10. Alb.+++ blood ++ 14 cgs.
17 - 6 - 10 Alb. ++ no blood. 64 cgs.
18 - 6 - 10. Alb. +++ blood ++ 11. cgs.
19 - 7 - 10. Urine quite clear, no Albumin.

20-23. 6-16. Urine quite clear. 60-90 cgs.
L. E. E. Jones  Age 23.  Service. 17 ½.

Yunches.

Admitted. 13th June. 16.

Ill for about ten days, with
Shortness of breath, headache, and two
days ago noticed Swelling of face.

Illness Preceding attack. Nil.

Past history of health. Always Good.

Dropy.  Face, and ankles.

Deprived.  Yes.

Headache.  Yes.

Vomiting.  Yes.

Diarrhoea.  No.

Yes.  Your.

Circulatory System.  2nd Aortic +.  B.P. 120.

rose to 150 just before jits, then fell to
135, and later to 135.

Respiratory System.  Nil.

Nervous System.  Anx & complains of
Severe headache.

Haemopoetic System.  Blood cultures, and
Wassermann negative.  W.B. 11,000.

Urinary System.  Has not been passing his
usual amount of urine since illness.

Albumin.  + no blood.  Acid 10.18. 50%.
Casts. None present, only a few leucocytes.
14 - 6 - 10. Alb. + no blood. 20 ccs. Has had three fits to day, was lumbar punctured, fluid found to be under high pressure.
15 - 6 - 10. Albumin + no blood. 20 ccs. Had a very slight fit this morning.
16/4 - 6 - 10. Albumin + no blood. 20 ccs.
18 - 6 - 10. Urine clean. 20 ccs.
19/22 - 6 - 10. Urine clean. 20 ccs.

Note. For two days after fits, patient could not remember anything about his illness.

Yrenches.

Admitted. 12th June. 16.

Ill for ten days, first noticed swelling of face, after which he suffered from severe headache. Had no pain in back.

Illness preceding attack: Nil.

Past history of health: Always good.

Dropy: Face and feet.

Dyspnoea: No.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Yes: No.

Circulatory System: 2nd Aortic + B.P. 115.

Nervous System: Anse D +

Haemopoietic System: Blood cultures, and Wassermann: Negative 01/30 y. 800.

Urinary System: Has been passing large quantities of urine. Alb. +++ no blood. Acid 10%.

Cast: Pyelonephritis; and leucocytes present.

14 - 6 - 16. Albumin ++ blood a trace. 40 c.g.

15 - 6 - 16. Albumin +++ blood a trace. 50 c.g.

16/6 - 6 - 16. Albumin + No blood. 60-80 c.g.

16/29 - 6 - 16. Urine clear. 50-100 c.g.

Admitted: 13th June, 19...

Ill for few days, first noticed swelling under eyes, but continued his duty for three days, then he became short of breath, and headache. Pain in back, noticed he passed water oftener than usual.

Illness preceding attack: Nil.

Past history of health: Always good.

Droopy. Yes.

Dyspnea: Yes.

Headache: No.

Vomiting: No.

Diarrhea: No.

Pit.: No.

Circulatory System: 2nd aortic + R. P. 110

Respiratory System: A few bronchitic sounds in lungs.

Nervous System: Knee refl.

Urinary System: Has been passing fairly large quantities of urine @ frequent intervals.

Albumin. ++ blood a trace. Acid 10-20 g/dl.

Oasts. None present, only a few blood cells.
and leucocytes.

14 - 6 - 16. Alb. ++ blood a trace. 48 ozs.
15 - 6 - 16. Alb. + no blood. 58 ozs.
16 - 6 - 16. Alb. + no blood. 74 ozs.
17/10 - 6 - 16. Alb. + very faint trace 60-70 ozs.
20/28 - 6 - 16. Urine clear.
Patient: [Name] Age: 36 Service: V22

Admitted: 13th June 10

Ill for a week, felt out of sorts, noticed his face was swollen, headache, shortness of breath, and cough.

Illness Preceding Attack: Nil,

Past History of Health: Always fairly good.

Droopy: Yes

Face, feet, and legs: Yes

Diaphoresis: No

Headache: Yes

Vomiting: No

Diarrhoea: No

Circulatory System: 2nd Aortic + B.P. 140

Respiratory System: Bronchitic sounds, all over lungs.

Nervous System: Nil.

Haemopoetic System: Blood cultures & Wassermann negative. WBC 8,400, Eosinophilia 5%.

Urinary System: Has been passing fairly large quantities of urine. Alb+++ blood ++ 10/20

Masks: Hyaline, red blood cells, and Granular Cast

10 - 6 - 10. Albumin: + Blood: ++ 40 cgs
15 - 6 - 10. Albumin: ++ Blood: + 60 cgs
15 - 6 - 10. Albumin: + Blood: 90 cgs
15 - 6 - 10. Albumin: 60-70 cgs
2023 - 6 - 10. Urine clear: 10 cgs

Soreness.

Admitted 14th June 16.

Ill for a week began with

Shortness of breath, then swelling of face

Hands, headache, and pain in back.

Illness preceding attack: Nil.

Past history of health: Always good.

Dropsy: Face, and legs.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: Slight.

Diarrhoea: No.

Yes: No.

Circulatory System: Aortic 2nd + B.P. 120.

Nervous System: Knee +

Urinary System: has been passing

Average quantity of urine: Alb. +++ no blood. Acid 1.056

Oeks, Hyaline, and leucocytes, present.

18: 0 - 10. Alb. + no blood. 55 ozs.

19: 0 - 10. Alb. ++ no blood. 60 ozs.

20: 0 - 10. Alb. a trace. 65 ozs.

2/24: 0 - 10. Alb. w very faint trace. 55-60 ozs.
10th A.M. Age 29. Service 1 1/2.

Illness Proceeding attack: Nil.

Past History of Health: Always Good.

Dropsy: Face, neck, and legs.

Dyspepsia: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Yes.

Circulatory System: 2nd Aortic. + BP 110.

Respiratory System: Nil.

Nervous System: Knee Jt.

Urinary System: Has been passing fairly large quantities of urine:

Abb: Very faint trace, no blood, acid. 10/0. 49.

Casts: None Present.

17 - 6 - 16. Albumin. a faint trace. 60 ozs.


19/23 - 6 - 16. Urine Quietly Clear. 60 - 68 ozs.

Trenches.

Admitted 16th June. 10.

Ill for six days. Pain in back, slight headache. Passing of red coloured urine, sent to base diagnosed as Haematuria.

Illness Proceeding attack. Nil.

Past history of health. Always good.

Drop. Yes.

Diabetes. Nocturnal.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. No.

Febr. No.

Circulatory System. 2nd Aortic + B.P 100

Nervous System. Sneeze +


R.B.C 4,000,000. Coagulo Philia 2%.

Urinary System. Is not passing as much urine as before illness. Alb. +++ blood ++ Acid 10.22.

Caec. In Be Present.

17-6-19 Alb. ++ blood ++ 30.75.
18-6-19 Alb. + blood ++ 23.33.
20-6-19 Alb. ++ blood a trace 18.63.
21-6-19 Alb. a faint trace, no blood. 48.63.
22-6-19 Alb. ++ Urine clear. 65.52 ozs.

Note: Catheter passing cultured. An isolated colony of B. coli gravis.

Admitted 10th June 16.

Ill for a week, onset sudden. Headache.
Pains in back, swelling of face, and lip.
Illness preceding attack. Nil.

Past history of health. Been very nervous.

Since battle of Loos when he was wounded.

Dropsy. Yes. Face, abdominal wall, ankles.

Dyspnoea. Yes. Nocturnal.

Headache. Yes.

Vomiting. No.

Diarrhœa. No.

Circulatory System. 2nd Aortic +. B.P. 120.


Urinary System. Says he did not pass as much urine as formerly for first two days of illness. Ab. +++ blood + Acid. 10/8. 80g.

Casts. A few hippurate present.


Has been perspiring very freely.

18-6-16. Albumin. + Blood a trace. 30 cys.

19-6-16. Albumin. + No blood. 30 cys.

20-23-6-16. Albumin very faint trace. 50-60 cys.

24-7-6-16. Urine clear.
Plq. Royal Sussex. age 45. Service 1 year.
Junched.
Admitted 14th June 16.
Ill for a week, sudden onset.
Swelling of face, and headaches.
Illness Preceding attack. Nil.
Past history of health. Always good.

Dropsey. Face.
Dysknoea. No.
Headache. Yes.
Vomiting. No.
Diarrhoea. No.
Ur. No.

Circulatory System. 2nd Aortic + B.P. 146.
Respiratory System. Nil.
Haemo Poetic System. Blood Cultures, and Wassermann, Negative. 4.5 cc.
Urinary System. Has not noticed any difference in quantity of urine passed.

Albumin. +++ Blood a trace Acid 1020 ppm.
Easts. None Present. only a few RBC and leucocytes.

18-6-16. Albumin. +++ blood at age. 400 ppm
19-6-16. Albumin ++ no blood. 12 ppm
20-6-16. Albumin. nil
21-6-16. Albumin. ++ no blood. 55 ppm.
22/26-6-16. Urine clear. 50-55 ppm.

Admitted 19th June.

Ill for a week, sudden onset, with shortness of breath, and two days ago swelling of face.

Illness Preceding Attack: Nil.

Past history of health: Always Good.

Drosp.: Face, and legs.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Fits: No.

Circulatory System: 2nd Aortic + BP 135.

Respiratory System: Nil.

Nervous System: Knee B +

Urinary System: Passing fairly large quantities of urine all the time.

Albumin a trace. No blood. Acid. 10.20.5.

Casts: None. Present.


28/6/16. Urine clear.
Discharged. Age 40. Service 175.

Billets.

Admitted 10th June 6.

Ill for a fortnight, headache, pains in back, puffiness under eyes.

Illness preceding attack. Nil.

Past history of health. Always been fairly good.

Diabetes. Face, and legs. So pale, puffy, and pustulosa.

Dyspnoea. No.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. No.

Yet. No.

Circulatory System: Aortic 2nd, B.P. 165.

Vessel walls slightly thickened.

Respiratory System: Nil.

Urinary System: Has been passing small quantities of high coloured urine.


Casts, epithelial, blood, and hyaline.

14-6-16 Albumin. + blood + 1025.

19-6-16 Albumin. ++ blood ++ 20-30. 025.

27-6-16 Albumin. ++ blood. trace. 25-40. 025.

28-6-16 Albumin. + blood. trace. 45-60. 025.

Cedema of legs is disappearing gradually. Case one of Ordinary nephritis.

Admitted: 19th June 10.

Ill for four days with headaches, and general weakness. Suddenly noticed that face was swollen one morning, and felt short of breath.

Illness preceding attack: Nil.

Past history of health: Always good.

Dropsy: Face, hands, and legs.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Ab.: No.

Circulatory System: 2nd Aortic + BP. 180

Nervous System: None +

Urinary System: Has been passing fairly large quantities of urine. Alb. + blood + acid.

Casts: None Present.

20-6-10. Albumen: +++ blood: a trace: 40 ccs.
21-6-10. Albumen: a trace no blood: 50 ccs.
22-6-10. Albumen: + no blood: 60 ccs.

Oedema all gone.

23-6-10. Alb.: ++ no blood: 60 ccs.
24-6-10. Alb.: a faint trace: 60 ccs.
25-6-10. Urine clear.

Billets.

Admitted: 19th June 0.

Ill for two days, with headache, pains all over body and swelling of face.

Illness Preceding attack: Nil.

Past history of health: No previous illness.

Droopy: Yes, face, hands, and feet.

Dyspnoea: Slight Nocturnal.

Headache: Yes.

Vomiting: No.

Diarrhoca: No.

Yit: No.

Circulatory System: 2nd Aortic + B P 130.

Respiratory System: Slight cough, and a few rales basal.

Nervous System: Ance is + Nil else to be noted.

Haemopoietic System: Blood cultures negative, 16/7. 8000.

Urinary System: Has been passing fairly large quantities of high coloured urine.

Albumin: +++ Blood: +++ Acid: 1016; 4pgs.

Urine: None present, a few RBC and Leucocytes.

20/21 6-10: Alde a trace, blood a trace. 300pgs.

24 6-10: Urine clear. 610pgs.

23/25 6-10: Urine clear. 100-105. 67pgs.

20-6-10: Albumin +++ Blood +++ 36.5pgs.
Dr. H. A. J. C. Age 22. Service. 1912.

Billets

Admitted: 19th June. 10.

Ill for six days, commenced with chilly feeling. Pains in back, headache, vomiting, and passage of thick looking water.

Illness Preceding Attack. Nil.

Past history of health. No previous renal trouble.

Drupaz. Slight puffiness of face.

Depnoea. Nil.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. No.

Yes. No.

Circulatory System. 2nd Aortic + B.P. 100.

Respiratory System. Nil.

Nervous System. Nil.

Haematopoetic System. 10,000, 8,000 differential count.

Poles. Eosin. Bas. Lymph. Syl. Mon. 50% 65% 1% 22.5% 10% 85%

Urinary System. Passing small amount of urine.

Albumin + Blood +++ Acid. 10-20 spgr.

Casts. None Present.

Heavy deposit Phosphates.
20 - 6 - 10. Alb. a trace, no blood. 30 czs.
21 - 6 - 10. Alb. nil, no blood. 30 czs.
22 - 6 - 10. Sweating profusely.
22 - 6 - 10. Albuminuria nil, no blood. 30 czs.
23 - 6 - 10. Urine clear. 50 czs.
24 - 6 - 10. Urine clear. 60 czs.
25 - 6 - 10. Urine clear. 68 czs.
Dr. J. W. S. O.  Age 22.  Service.  10/12.

Billets.

Admitted.  1916 June 16.

Ill for five days, with sudden onset, with chilly feelings, and Passage of Thick Water, has had headaches and Pains in back.  Vomited several times.

Illness Preceding attack.  Nil.

Past history of health.  Always been good.

Dropsy.  Face.

Dyspepsia.  No.

Headache.  Yes.

Vomiting.  Yes.

Diarrhoea.  No.

Urinalysis.  No.

Circulatory System.  2nd Aortic +  B.P. 110.

Nervous System.  Knee J + complains of pains on anterior surfaces of Tibiae, no disturbances of sensation.

Haemopoietic System.  Blood cultures negative.

White 8,000.  Leucocytes: 6.5 %

Urinary System.  Has been Passing Smaller Quantities of urine than usual.

Albumin + blood ++.  Acid.  1078 e.p.i.

Casts.  None Present.  R/o.
22. 6. 16. Albumin: Nil.

Temperature rose to an 100° in the evening and fell to 99° in the morning, and reached normal on the 23rd 6. 16.

23½/24. 6. 16. Urine clear. 50-68 csts.
Dr P.R. 34 y r. Age 21. Service 1 2/3

Billets.

Admitted. 19th June. 16

Ill for two days, headaches, and pains all over body, swelling of face, arms, legs.

Illness preceding attack. Nil.

Past history of health. Always good.

Droopy face, arms, and legs.

Dyspnoea. Slight.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Yes. No

Circulatory System. 2nd Aortic +. B.P. 150.

Respiratory System. A few bronchitic sounds over both lungs.

Nervous System. Knee Jts +

Urinary System. Has been passing average quantities of urine. Alb+++ blood ++ Acid 1/30

Eats. Only RBBe Present.


21-0-16. Albumin a Trace blood at Trace. 61 ozs.

22-0-16. Urine clear. 70 ozs.


Gr H. R. A. Age 40. Service, 12th.

Billets.

Admitted: 19th. June, 16.

General malaise for about a month, only reported sick four days ago, because of swelling of face, hands, and legs.

Illness preceding attack, Common cold.

Past history of health. Always good.

Dropsy. Face, hands, and legs.

Dyspnoea. Nocturnal.

Headache. Yes.

Vomiting. Slight.

Diarrhoea. No.

Fibroid. No.


Respiratory System: Nil.

Urinary System: Says he has been passing large quantities of urine, All+++ no blood. Acid 16/5.

Darks Hyaline, and a few Granular.

20 - 6 - 10. Albumin.+++ no blood. 47.0z.

21 - 6 - 10. Albumin.++ 45.0z.

22/23 - 6 - 10. Albumin. + 40 - 40. 0z.

26 - 6 - 10. Albumin a faint trace. 66.0z.

24/29 - 6 - 10. Albumin. + 64 - 69. 0z.

Admitted 20th June 16.

Ill for five days. First noticed swelling of face, afterwards of feet, and hands. Headache and pain in back.

Illness preceding attack. Nil.

Past history of health. Always good.

Dropsy. Face, and feet.

Dyspnoea. No.

Headache. Yes.

Vomiting. No

Diarrhoea. No

Fits. No.

Circulatory System. No and Aortic +. BP. 110.

Nervous System. Knee J +

Haemo Poetic System. Blood cultures negative.

Urinary System. Has not noticed anything wrong with water.

Albumin +++ Blood a trace. Acid. 10.2. 5pp.

Cast. Hyaline, granular, and a few blood cells.

21-6-16. Albumin +++ Blood a trace. 40. 0.2.

22-6-16. Albumin +++ No blood. 45. 0.2

23-6-16. Urine clear 48. 0.2

24/25-6-16. Albumin: + 50-55. 0.2

26/27-6-16. Urine clear 60-64. 0.2

Admitted: 20th June 1916.

Ill four days, began with shortness of breath, headache, swelling of face.

Illness preceding attack: Nil.

Past history of health: Always Good.

Droopy: Face

Dyspnoea: Yes

Headache: Yes

Vomiting: Yes

Diarrhoea: No

Circulatory System: Aortic + B.P. 125.

Respiratory System: Bronchitic Sounds all over chest.

Nervous System: Knee I.

Urinary System: Passing fairly large quantities of urine. Alb+++ blood at trace.

Ph. 1020 spgr.

Cast: Hyaline, and leucocytes. Present.

21-6-16. Albumin+++ blood a trace: 30 cgs.

22-6-16. Albumin++ no blood: 40 cgs.

23/26-6-16. Albumin+ no blood: 42 45 cgs.


Admitted 20th June 16.

Ill for few days, Shortness of breath, and then swelling of face, later of legs, headache, pain in back.

Illness Preceding attack. Nil.

Past history of health. Rheumatic fever two and half years ago.

Dropsy: Face, hands, and legs.

Dyspnoea: Yes.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Fibs.: No.

Circulatory System: 2nd aortic + B.P. 125.

Nervous System: Knee J +.

Haemopoietic System: Blood cultures and Wassermann negative. W.B.C. 8,700.


21-6-16. Alb. a trace, no blood. 48 cgs.

22-6-16 Alb. a faint trace. +2-45 cgs.

23/06-16 Urine clear. 60-65 cgs.
Sgt. C.R. B. A. Age 35. Service 1%.


ganchas

Admitted 22nd July. 18.

Ill for eight days, onset sudden.

Shortness of breath, swelling of face and leg.

Illness preceding attack. Nil.

Past history of health. Always good.

Dyspnea. Yes.

Dyspnea. Slight.

Headache. No.

Vomiting. No.

Diabetes. No.


Circulatory System. 2nd Chest. BP 135.

Nervous System. Fine.

Hematopoietic System. Blood cultures and Wassermann negative. 10% 5%.p.

Urinary System. Has been passing average.

Quantity of urine: 1800+ no blood. 10 c.c.

Cast. None present.

25 c. c. 10 Albumin + No blood. 10 c.c.

25 c. c. 10 Albumin + No blood. 10 c.c.

25 c. c. 10 Albumin + trace. 10 c.c.

25 c. c. 10 None clear. 10 c.c.
Ph. D. West Yorks.  Age 22. Service 2 years.

Yancher

Admitted 21st June. 16.

In five days, onset sudden; headache.

Pains in back, and nausea.

Illness preceding attack. Nil.

Past history of health. Always good.

Deeply. Yace.

Dyspnoea. No.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. No.

Yes. No.

Circulatory System. 2nd Aortic + B.P. 130.

Respiratory System. Nil.

Neurotic System. Anx P.+

Haemopoietic System. Blood cultures, and Wassermann negative. 10/13 3,000

Urinary System. Has been passing fairly

Large Quantities of Urine.

Albumin ++ blood +++ Acid. 1/18. 1/19.


20 c.c. 1/16. Albumin + Blood ++ 34.5c.c.

25 c.c. 1/16. Albumin + Blood + 38.4c.c.

35 c.c. 1/16. Albumin + Blood a Trace. 43 c.c.

45 c.c. 1/16. Urine clear.
Ph. S. K.O.B. Age 34. Service 2 years.

Drenchus.

Admitted 24th June 16.

Has been feeling out of sorts for about ten days, two days ago face, and legs became swollen, and patient began to cough and feel short of breath.

Illness preceding attack: 6th.

Past history of health: Always fairly good.

Dyspepsy: Yes.

Face, back, and legs.

Dyspnæa: Yes.

Headache: Yes.

Vomiting: Yes.

Diarrhoea: No.

Fits: No.

Circulatory System: 2nd Asthenic & BP: 140.

Respiratory System: Bronchitic sounds all over chest, some oedema at right base.

Nervous System: Patient is dull and heavy and complains of great headache.

Urine System: Passing average quantity of urine now, but says he passed small quantities before.


Casts: Hyaline, granular, and leucocytes.
Mr. A. R. G. | Age: 23 | Service: 2 1/2

Admitted 24th June 95.

Ill for four days, onset gradual, headache, pains in back and legs.

Illness preceding attack: Nil.

Past history of health: Always good.

Dropsy, face and legs.

Dyspnoea: No.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Yes.

Circulatory System: Normal, BP 100.


Urinary System: Has been passing average.

Quantities of urine: Alb. + blood + acid 14/5.

Casts: A few hyaline Present.

25: 0.96: Albumin a trace, blood a trace. 30: 0.98
29: 0.10: Albumin a very faint trace, no blood. 50: 0.10
1/2: 0.10: Urine clear.

Admitted. 29th June 1816.
The patient has had no previous illness. No pre-existing condition.

Past history of health: Always good.

Drop. of face and legs.

Dyspnea: Slight.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Yes.

Circulatory System. 2nd Aortic. B.P. 155.


Hymenociotic System. Blood cultures, and Wassermann negative. 10:30 & 8:40.

Cost. of urine hyaline present.

Urinary System. Passing average quantity of urine.

Albumin. +++ blood ++ acid ++ sugar 100 grs.

25c. c. albumin. +++ blood. ++ sugar 100 grs.

20/30 c. albumin. +++ blood. ++ sugar 100 grs.

1 c. albumin. a trace. sugar a trace 100 grs.

2/3 c. albumin. + blood. a trace 100 grs.

1/4 c. albumin. very faint trace. sugar 100 grs.
Dr. B. 15th Lancers. Tus. Age 27. Service 1½ yrs.

Trenches.
Admitted 27th June. 16.

Ile for a week with headaches, pain in back, dyspnocia, sudden swelling of face. Illness preceding attack. Nil.
Past history of health. Always good.
Dyspnoea. Yes.
Headache. Yes.
Vomiting. No.
Diarrhoea. No.
Tetn. No.

Circulatory System. 2nd Aortic + B.P. 120.
Nervous System. Knee Jt. is of a rather nervous disposition.

Urinary System. Passing fairly large quantities of urine.
Albumin + no blood. Acid 1015 Spgr.

Casts. A few hyaline casts present.
29:6:1b. Albumin +
30:6:1c. Albumin, very faint trace. 52 ozo.
1/4 : ½ : 1b. Urine clear.

Wrenches.

Admitted 27th June. 16.

I was first seen by me a week ago. I was in C.S. for a week with oedema of face, headache, etc.

Was inoculated three weeks ago and felt ill since.

Illness preceding attack. Nil.

Past history of health. Always good.

Dropsy. Face, hands, legs.

Dyspnœa. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Backs. No.

Circulatory System. 2nd Aortic +. B.P. 130.

Nervous System. Knee jets +. Complains of severe headache and is very drowsy.

Urinary System. Says he did not pass as much water as before.

Albumin + no blood. Acid 1020 Spgr.

Business. A few hyaline present.

28:6:16 Albumin, a trace, no blood. 40 c.c.

29:6:16 Albumin + 53 c.c.

30:6:16 Albumin a trace, blood a trace. 45 c.c.

1/3 6:16 Urine clear. 50/55 c.c.
Pte. B. M.G.C.  Age 33.  Service 92 yr.

Yrenches.
Admitted 28th June 16.

Ill five days headache, pain in back, swelling of face and legs.

Illness preceding attack. Nil.

Past history of health. Bright's Disease, arteriosclerosis.

Dropsy, Face, back, hands and legs.

Dyspnoea. Slight nocturnal.

Headache. Yes

Vomiting. Yes

Diarrhoea. No

Ur. No

Circulatory System. 2nd Aortic + R.P. 175.

Urinary System. Has been passing small quantities of urine.

Albumin+++ blood, atrace Acid 1022 Spg.

Gasts. Hyaline, Granular and Epithelial.


Oedema is slowly disappearing.

Case is probably one of recurrence of old renal trouble.

Trenches.
Admitted 30th June 16.

Was unconscious when admitted. History of four fits in train, tongue swollen and bitten.

Illness preceding attack. Nil.

Past history of health. Always good.

Palsy. Face, hands, back and legs.

Dyspnoea. Yes.

Headache. Yes.

Vomiting. Yes.

Diarrhoea. No.

Fits. Yes. Six in train. Two after admission.

Circulatory System. 2nd Aortic + P. P. 175.

Fell to 160 on 1:7:16 and to 130 by 3:7:16.


Cord fluid under high tension. 25 oz drawn off.

Urinary System. Said to have been passing average quantities of urine.

Albumin ++ blood trace. Acid 1018.5 ppb.

Basal. None present.


To conscious now, complains only of headache.


Edema all gone.

Billees.
Admitted 30th June 16.
Ill ten days with epigastric pain
shortness of breath and swelling of face.
Illness preceding attack: Nil.
Past history of health: Always been good.
Dyspnoea: Yes, nocturnal.
Headache: Yes.
Vomiting: No.
Diarrhoea: No
Urine: No.
Circulatory System: 2nd heart + B.P. 150.
Nervous System: Knee J+.
Haemopoetic System: Blood cultures and
Wasserman negative W.B.C.: 7,800
Urinary System: Passing average
quantities of urine
Albumin + no blood Acid 1020 Sp gr.
CASTS: Hyaline and some leucocytes present
2:7:16. Albumin album. no blood 33 o.z.
5/7:16. Urine clear 50 o.z.

Yrenches.

Admitted 5th August 16.

Ill for a fortnight with headache.

Pains in back and swelling under eyelids.

Illness preceding attack. Nil.

Past history of health. Had French Mephritis in February and was off duty for 2½ months.

Dropsy. Yes

Dyspnoea. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Etc. No.

Circulatory System. 2nd Storie. B.P. 125.

Nervous System. Knee-Jo.

Urinary System. Has been passing average quantities of urine.

Albumin +. No blood. Acid 1018 3/6 gr.

Cast. Hyaline and a few leucocytes present.

6:8:16 Albumin +. No blood. 32 o.z.

7:8:16 Albumin faint trace. 34 o.z.

8:8:16 Urine clear. 75 o.z.

9:9:8:16 Urine clear 60/75 o.z.
Pte. H. 9th Yorks. Age 45. Service 1 year.

Billets.

Admitted 5th August 16.

Ill ten days, headaches, puffiness of eyes, and frequent passage of large quantities of pale urine.

Illness preceding attack. Nil.

Past history of health. Always been good.

Dropsy. Puffiness of eyes.

Dyspnoea. No.

Headache. Yes.

Vomiting. No.

Diarrhoea. No.

Lfs. No.

Circulatory System. 2nd Portio + B.P. 180.


Eyesight is not good. Exam. of retinae shows albuminuria retinitis.

Haemopoetic System. Blood cultures and Wassermann negative.

Urinary System. Passing large quantities of urine. Albumin a trace, no blood. Acid 0.10 Spp.

Rasts. Hyaline only present.


7: 8: 16. Albumin a trace, no blood. 68 cpg.

8: 8: 16. Albumin a trace, no blood. 60/70 cpg.

Note. Case most probably one of Chronic Nephritis.
Ypynches.
Admitted 17th August. 0.
Ill for a week, shortness of breath
Pain in back and swelling of face.
Illness preceding attack Nil.
Past history of health Good.
Dropy Face.
Dyspnoea Yes.
Headache Yes.
Vomiting No.
Diarrhoea No.
Fits No.
Circulatory System 2nd Aortic + B.P. 120.
Nervous System Knee Jt.
Urinary System Has been passing
large quantities of urine.
Albumin+++ no blood Acid 1018 S/po.
Gas.
Hyaline and granular present
18:8:16 Albumin+++ no blood 98 ccs.
19:8:16 Albumin absent no blood 94 ccs.
20:8:16 Albumin a very faint trace 73 ccs.
21/24 8:16 Urine quite clear 73/82 ccs.
Has been sleeping in the open for past 3 months.
Admitted 21st August 16.

I 11 seven days. first noticed swelling of face, headache and pains in back.
Illness preceding attack Nil.
Past history of health. Always been good.
Ddropsy. Yace and legs.
Dyspnoea. Slight.
Headache Yes.
Vomiting. No.
Diarrhoea. No.
Viks. No.

Circulatory System 2nd Aortic + B.P. 145.
Fell to 130 on third day, and later to 100.
Nervous System Knee J+
Urinary System Passing large quantities of pale urine.


Cast. None present.
25 ½ : 8 : 16 Urine clear 90 ozs.
Dr. R. R.G.A. Age 21. Service 6 years.
Been living in open for past 3 months.
Admitted 21st August 16.

Ill three days, sudden onset with
swelling of face and legs and pain in back.
Illness preceding attack. Nil.
Past history of health. Always good.

Dropsy. Face and legs.
Dyspnœa. Slight.
Headache. Yes.
Vomiting. No.
Diarrhoea. No.
Yaws. No.

Circulatory System. 2nd Soret. B.P. 130
fell later to 115.
Nervous System. Knee J. +
Urinary System. Passing large
quantities of urine.

Albumin a trace, no blood, Acid 1015 Spg.

Cast. None present.
22 8 16. Albumin absent 80 ozs.
23 8 16. Albumin a trace 103 ozs.
24 8 16. Albumin a faint trace, 90 ozs.
25 9 16. Urine clear 90/100 ozs.
Brdr. G. K.F.A.  Age 30 Service 1 1/2 yrs.
Been in open for past two months.
Admitted 23rd August 16.

Ill few days, pain in stomach, diarrhoea, sudden swelling of face and hands.
Illness preceding attack  Nil.
Past history of health Always good.
Dropsy Face, hands and legs.
Dyspnoea Slight.
Headache  Yes.
Vomiting No.
Diarrhoea Yes.
Lib. No.

Circulatory System 2nd Aortit  B.P. 130
 evening blood pressure 140.
Nervous System  Knee J+ 
Urinary System Has been passing fairly large quantities of urine.
Albumin + no blood, Acid 10/18 Spgr.

 Urine
24:8:16 Albumin+, no blood, 75 ooz.
25:8:16 Albumin absent. 80 ooz.
26:8:16 Albumin absent. 75 ooz.
27/8:16 Urine clear. 79 ooz.
Sgt. E. 6th H.O.Y. S.I. Age 34 Service 12 yr.
Yrenches.
Admitted 24th August 16.

Ill ten days; shortness of breath, headache, pain in stomach and back.
Illness preceding attack Nil.
Past history of health Always good.
Droopse: Yes.
Dyspnoca: Yes.
Headache: Yes.
Vomiting: No.
Diarrhoea: No.
Fits: No.

Circulatory System 2nd Aortic ? B.P. 150.
Nervous System: Knee ?
Urinary System: Passing fairly large quantities of urine.
Albumin+++ no blood Acid 10.20 Spgr.
D Mast. Hyaline and leucocytes present.
25/8/16 Albumin+++ no blood 70 oz.
26/8/16 Albumin a trace, no blood 60 oz.
27/8/16 Albumin very faint trace, no blood 85 oz.
28/30/8/16 Albumin absent. 83 oz.
Mr. S. K.R.E. Age 32. Service 13 yrs.

Trenches.

Admitted 24th August 16.

Ill for a fortnight with pains in
back and head. Sudden swellings of face
and legs three days ago.

Illness preceding attack: No.

Past history of health: Always good.

Droopy: Yes and legs.

Dyspnoea: Slight.

Headache: Yes.

Vomiting: No.

Diarrhoea: No.

Fits: No.

Circulatory System: 2nd Aortic + B.P. 130.

Nervous System: Knee J+Urinary System: Has been passing

large quantities of water like blood.


Stools: Only red blood cells present.


Gw. J. R.G.A. Age 25 Service 6 yrs.
Been in open for past three months.
Admitted 1st September '16.

Ille, a week with headache and shortness of breath. Two days ago noticed face was swollen.

Illness preceding attack. Nil.
Past history of health. Always Good.

Dropsy. Yes.
Dyspnoea. Yes.
Diabetes. No.
Diarrhoea. [Constipation.]

Circulatory System. 2nd Aortic. B.P. 175 fell to 165, and on third day to 130.

Nervous System. Nothing to note.

Urinary System. Has been passing fairly large quantities of urine.

Albumin+++ Blood+++ Acid 1020 Sp.gr.

Casts. Hyaline and red blood cells.

3: 9: 16 Alb+++ Blood + 45 ozo.
4: 9: 16 Alb+++ Blood + 93 ozo.
5: 9: 16 Alb+++ No blood. 97 ozo.
11/10: 9: 10. Urine clear. 60/70 ozo.