

The work of Councilman is among the few in which a study of the progressive lesions of the kidney was accompanied by bacteriological examination. Of this he says: "Various forms of disease of other organs, particularly of the heart, are often associated with them, and bacteriological investigation has frequently shown in many cases the presence of certain organisms in the kidneys. In most cases the bacteria are found in some other lesion and in the blood, and their presence in the kidneys is but a part of a general septicemia. Moreover, the same conditions in the kidneys may be found associated with various organisms, and the same organisms may be associated with widely different anatomical lesions." A very fertile field awaits the routine study of the bacteriology of the kidneys in conjunction with the histological examination of all types of infection. The work which has been performed up to the present time is very suggestive of indicating the actual presence of bacteria rather than their effects in the interstitial response of the kidney.

Undoubtedly what appears as complete disagreement in the personal observations on chronic nephritis lies mainly in the methods and material studied. Although the anatomical classification of kidney disease has not found favor with either the clinician or the pathologist, yet in the absence of a better substitute we all revert to this method. Müller attempted an etiological classification which as yet is hardly practical, and Herrick, while finding the old anatomical grouping unsatisfactory, offers nothing to replace it.

The types of nephritis which today attract our attention as the forerunners of the contracted kidney are the acute glomerulonephritis and the acute non-suppurative interstitial nephritis. Without desiring to describe the various types of glomerulonephritis, as well as the variety of interesting lesions that may be observed in the Malpighian body and Bowman's capsule, there is ample evidence that, in the human, these glomerulonephritides are infective lesions (Councilman, Gaskell, Baehr). The important feature lies in the fact that the glomeruli become the centres of inflammatory response in which a non-suppurative exudate and endothelial proliferation of the capillaries and a proliferative response of the inner lining of the capsule is commonly observed. The occlusion of the capillaries of the glomerulus by cellular proliferation or by thrombosis is only an added complication, and the subsequent degeneration that occurs in the tubules of the kidney is also to be viewed as a secondary disturbance depending upon vascular change rather than an injury produced by the primary factor.

A study of these cases of glomerulonephritis soon convinces one of the varying picture, even during the acute stage. In some thromboses of the glomeruli are common, in others rare, or the lymphocytic infiltration of the glomerulus is great and confined to this structure; others again, show the inflammatory reaction diffuse,