

has ventured to say that chronic Bright's disease is due to the direct action of bacteria.

Holst, indeed, is inclined to support the view that microbes by their toxins are able to produce nephritis without being present in the kidney *per se*, and that the action may appear late or after the primary infection has disappeared, thus producing the chronic disease. But this view does not seem consistent with the facts. Recent investigations, almost without exception, go to show that in acute nephritis microbes are present in the kidney. In the case of pneumonic nephritis, Massalong and Klebs frequently found the diplococcus lanceolatus in the kidney. Michelle, too, (Morgagni, Aug. 1896), in 19 cases found the pneumococcus in 18. In six cases of acute nephritis, and acute nephritis grafted upon chronic in pneumonia, I have found the diplococcus in every one.

*Councilman* (Trans. Assoc. Amer. Phys. Vol. xiii., 1898.), records the following results:—

42 cases of acute interstitial nephritis were examined bacteriologically post mortem.

In 24 diphtheritic cases the kidney was sterile in six.

In 11, the *B. Coli* was found.

In 5 the streptococcus pyogenes was found.

In 1 the streptococcus aureus was found.

In 8 the diphtheria bacillus was found.

In 1 the *B. Foetidus* was found.

In 5 cases of scarlatinal nephritis.

In 3 the streptococcus.

In 2 the *B. Coli*.

In 1 the staphylococcus.

In 8 of mixed infection of diphtheria with scarlatina or measles.

2 cultures were sterile.

3 the streptococcus.

3 the *B. Coli*.

In other six cases:—

3 the *B. Coli*.

2 the staphylococcus aureus.

4 the streptococcus.

1 the pneumococcus.

1 sterile.

He does not regard the presence of the colon bacillus found under such conditions as of much etiological value. He obtained the same results in the kidneys in the same diseases, in which no interstitial nephritis was present.

Thus he concludes that no weight could be laid on the presence of