

Purulent and Tuberculous Urine.

The finding of the tubercle bacilli in the urine is not indispensable in order to establish the diagnosis of urinary tuberculosis. The purulence, with absence of every kind of micro-organism, should be a sign of diagnostic value. The various methods of search, microscopic, cultures, inoculation of animals, are merely confirmatory, according to Dr. Noguès. Examination of the sediment is the easiest method, but the least sure. The centrifuge helps. Cultures are not sure, though of great value, and if the medium remains sterile, where the ordinary media are employed, there may be an almost absolute certainty that the urine is tuberculous. The inoculations on animals in doubtful cases are of still greater value. In the experiments carried on by the author there were two varieties of cases. In one set of cases no bacilli, but there were found micro-organisms of diverse forms, but the clinical evolution permits the diagnosis of tuberculosis. This group included five cases, all negative. But it would be a mistake to conclude that there was no tuberculosis.

The second group of experiments includes those urines in which neither bacilli nor other micro-organism could be found microscopically. In these cases out of 22 cases inoculated, in 15 the animals succumbed with characteristic lesions. Thus a purulent urine and absence of micro-organisms is a sign of great value in favor of tuberculosis. But should we generalize them and say in the absence of tubercle bacilli and all other micro-organisms that we always have a tuberculous urine? No; we should take into account the possibility of the presence of anaerobic microbes which may occur under similar conditions.—By DR. NOGUÈS.

Surgical Intervention in Certain Forms of Medical Nephritis.

The beneficent results obtained by the various operations upon the kidney in the suppurative nephritis and pyelonephritis and their comparative harmlessness has induced the author to attempt to apply surgical measures in certain nephrites, hitherto looked upon as medical cases, which threaten the life of the patient. He was able in the case of a woman suffering from a nephritis with profuse hematuria and alarming symptoms of uremia to check the disease by a nephrotomy. The patient, before operation, had diminished flow of urine, a small percentage of urea, and a large proportion of albumin. After the incision into the kidney, the secretion of urine was re-established, the albumin diminished, and the urea increased in amount, and the uremia disappeared. Although a fistula remained, the improvement maintained, but after closure they