

Bouchard, (*Des néphritis infectieuses*, *Rév. de Méd.* 1, '81), in nine cases of typhoid with nephritis that came to autopsy, found the specific bacillus in every one and in several other living cases found the germ so long as the albuminuria persisted. But since this investigation was six years before the full studies of Gaffky on the bacillus, there may be some little doubt as to the value of the results.

Letzerich, (*Untersuch. u. Beobacht. ueber Nephritis bacillosa interstitialis primaria*. *Zeitschr. f. klin. Med.* Bd. 13, '87, S. 33.) described an epidemic of acute interstitial nephritis with the ordinary clinical symptoms which was due to a bacillus resembling the *B. tuberculosis*, but shorter. Injected into animals it produced nephritis.

Mannaberg (*Zeitschr. f. klin. Med.* '90), in fourteen cases of acute Bright's in acute endocarditis, found streptococci in the urine which he was unable to find in the urine of other cases after a prolonged investigation.

That acute nephritis could be epidemic apart from any relationship with scarlatina, was shown by Fiessinger (*Ga. Méd. de Paris*. Oct. 10, '01). Acute nephritis has also been known to follow infected wounds of the skin, impetiginoid eczema, pemphigus, vaccination, acute tonsillitis and various lesions of the alimentary tract. Among the bacteria which have been recently shown to produce acute nephritis, are the *B. Typhi*, the diplococcus lanceolatus, meningococcus intracellularis, *B. Friedlanderi*, streptococcus pyogenes, staphylococcus albus and aureus, and the *B. Coli*.

The condition is to be regarded as an attempt on the part of the kidneys to eliminate the toxins and micro-organisms of the various diseases. That the kidneys do excrete bacteria even in the absence of gross lesions of the organs is amply proved. Weichselbaum (*Wiener med. Woch.* No. 41, 1885), in a case of ulcerative endocarditis found streptococci and staphylococci in the urine; the *B. Typhi* is found in the urine in quite a large percentage of cases, and numerous other germs have been found in various diseases.

The best statistics on Bright's disease are those of Agnes Bluhm (*Ueber die Aetiologie der Nephritis*, *D. Arch. f. klin. Med.* Bd. 47, '90.) Of 140 cases of acute Bright's disease, 70 per cent. could be traced to acute infections. Only 2.85 per cent. were directly traceable to cold. One of the cases followed acute ileus.

The acute nephritis of the infections is of various types. At one time, degenerative processes in the secreting epithelium predominate, such as extreme cloudy swelling, fatty degeneration, desquamation, and imperfect nuclear staining. At another, the brunt of the toxin falls upon the glomeruli bringing about effusion into the Bowman's Capsules, congestion of the glomerular capillaries and shedding of the capsular epithelium; or occasionally small-celled infiltration into and about the Bowman's capsules. Or at still another, an acute interstitial infiltration of