

theory very small sections of the kidney tissue are affected. In the author's opinion it is an argument against this theory that in such patients uraemic symptoms are never noted. It is further stated that the nephritis is caused by the passage of uric acid through the kidneys. But albuminuria is not seen in all gouty persons, and uricaemia is a constant factor. So, too, the type of nephritis referred to, if dependent solely upon uricaemia, ought to be always present. It is not shown that uric acid is toxic for the kidney, or that its presence necessarily determines a renal lesion. In other words, according to the author, it is not proved that this type of gouty albuminuria results from a renal lesion of any kind. Grandmaison supports the view that there is no alteration of the kidney in these cases. According to him the albuminuria arises from hepatic insufficiency. The liver does not completely fulfil its function with regard to albuminous material introduced into the alimentary canal, and allows these, in the form of peptones, to pass into the circulation, and the lowered arterial pressure in these cases favors dialyzation. The author does not agree with this theory in its entirety, but admits that it contains an element of truth as regards the rôle played by the liver. In the gouty albuminuric of the type under discussion, the fault is neither purely renal nor hepatic, but contains an element of both. The hepatic error may arise from hypofunction or hyperfunction of that organ. In the former case the liver ceases to play its defensive rôle with regard to intestinal poisons, and these circulating in the blood cause albuminuria; in the latter case there is too great destruction of red cells, setting at liberty an excessive quantity of globulin which is eliminated by the kidneys. The condition is not serious and is largely influenced by the state of the digestive organs. Treatment must be directed to these organs in the first place.—*B. M. J.*, Jan. 27.

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#### VACCINATION FOR TYPHOID FEVER.

Typhoid vaccination, at first a voluntary measure in the U. S., has since July 1, 1911, been made compulsory for all officers and enlisted men below the age of forty-five years and who have not had an authenticated case of typhoid fever.

The immunization of the army has proceeded rapidly until, at the present time, somewhat over 60,000 men have completed the necessary three inoculations. Among this entire number, and covering a period of nearly three years, but twelve cases of typhoid have developed and no death has occurred. One man at the Guantanamo naval station died five days after the first inoculation from a case of walking typhoid. This