

In both acute and chronic forms the vessels of the affected areas often show marked congestion. Later on, in the chronic interstitial type (contracted kidney), the fibrous tissue overgrowth is so generalized that this relationship to the blood vessels can no longer be made out. In my series, the process could be accurately followed out.

What is the starting point then of this colon bacillus invasion? The most obvious is the intestine. We have ample evidence that intestinal disorders can cause acute nephritis. It occurs in gastro-enteritis and in Cholera Asiatica, for instance.

Ebstein, (*Deut. Med. Woch.*, June 15th, 1897), discusses acute nephritis as a complication of chronic gastro-enteritis. In a case he records in a woman of 27, there was a history of diarrhœa for nine months previously, pain in the epigastrium and anorexia, for six. The nephritis came on most acutely, and was fatal in a few days from eclampsia, coma and collapse. At the autopsy acute nephritis was found, a tapeworm in the intestine, acute follicular ulcerative enteritis and enlargement of the mesenteric glands. The spleen was normal. Influenza and all other infections as a cause were excluded and *Ebstein* concluded that the condition was due to an intoxication from the intestine.

Dupeu, (*Acute Nephritis in Children*.—*Journ. de Méd.*, July 10, '97), states that acute nephritis may be a result of ordinary gastro-intestinal intoxication, particularly when there is dilatation of the stomach. It has been observed in children as young as 11—16 months fed by the bottle, and in whom vomiting and diarrhœa were prominent symptoms. In these cases it may last 2—4 weeks and present all the usual features of Bright's Disease.

With a view to determine the relationship, if any, of various gastro-intestinal disorders to nephritis, I have examined carefully the clinical records of the Royal Victoria Hospital for the past four years, having access to these through the courtesy of Prof. Jas. Stewart. In making the estimate I have been careful not to accept as an etiological factor the nausea, vomiting, and diarrhœa, which so often usher in or complicate an uræmic attack, but I have endeavored to find out if there was any history of such disorders existing for lengthened periods which might reasonably be regarded as of etiological moment.

There were 71 cases of nephritis of various forms divided according to the reports as follows:—

Acute Parenchymatous Nephritis	10
Sub-acute Parenchymatous	15
Chronic Parenchymatous	17
Chronic Interstitial	29

The etiological factors were:—

Chronic Alcoholism	15 times
Dyspepsia, (Gastro-enteritis, nausea, Vomiting, etc)	15 times