

brother of the first patient. He, too, was supposed to be suffering from diabetes, and his urine had been examined in various laboratories, and found to contain from 0.1 to 0.3 per cent. sugar. His urine gave the characteristic reactions of pentose as mentioned in the first case. The third case was that of a sister of the two patients. In this case, too, the diagnosis of diabetes had been made and had disturbed the patient's peace of mind. There was no sugar in the urine, but only pentose. Bial points out that it is a serious mistake to confuse this harmless condition pentosuria with diabetes, and the general practitioner need not fear that the detection of pentose in the urine needs a complicated analysis and expensive apparatus; the spectroscope and polarimeter are not necessary; his reagent is able to determine when the reducing substance is pentose.—*British Medical Journal*.

Pyelo-nephritis Cured by Massage.

La Policlinique, April 15th, 1904, contains an account of a case of pyelo-nephritis shown to the Policlinic at Brussels by Bastin-Williams, who describes the patient as being completely cured by massage. Two days before a confinement at term she fell on her right side. Four days after the confinement her urine was observed to be thick. There had been no catheterism. Seven weeks later she came complaining of a dull pain in the right flank, with occasional exacerbations. She was passing urine without pain every two hours during the day, and twice each night. Her appetite failed, she had slight fever, and her general health had deteriorated. The urine was very thick with pus, and contained no blood. The right kidney was prolapsed, and sensibly larger than normal. When the urine from the two kidneys was separated by Luy's method it was found that two-thirds came from the left kidney and was clear, the remainder from the right kidney was purulent. About 50 grams of retained urine could be brought away by pressure on the pelvis of the right kidney. The treatment adopted consisted of daily massage of the kidney, and the administration of salol by the mouth. From the first fever disappeared, pain diminished, appetite returned, and the patient was obviously better. The pus gradually disappeared from the urine. When the patient was brought before the policlinic she was in robust health, the right kidney was still a little prolapsed and enlarged, and there was still retention of about 30 grams of clear and aseptic urine in the ureter. There were no subjective symptoms. At this time all treatment had been at an end for six months, and Bastin-Williams therefore claimed that the disease was finally cured. His explanation of the case was that traumatism had led to the microbic invasion of the pelvis of the kidney.