INTRODUCTION

Urinary tract infection is an important public health problem, in general practice 12 from 1000 consultations are suffering from urinary tract infection. Also the statistics reveals an increase deaths from infection of the kidney ***(Asscher and Finkle 1998)***.

Kass (1998) reported that there are difficulties in the management of these infections which make acarefule follow up, essential for development of pyelonephritis "active pyelonephritis is found in 15-20 per cent of autopsies".

Chodirker et al. (1996) found that human urine lacks both humoral and cellular defensive mechanisms against bacterial invasion, whereas tears, saliva and bronchial secretions contain lysozyme.

Brogan (1994) detected that phagocytosis is impaired in the urine, since the similarity of the urine usually exceeds that of plasma and phagocytes is ineffective in a hyperosmolar environment.

Urinary tract infection is a common illness and is exceeded in frequency among ambulatory patients only by respiratory and gastrointestinal infection. Bacteria infections of the urinary tract are the commonest cause of both community acquired and nosocomial infections in patients admitted to the American hospitals, urinary tract infection accounts for about 6% of new consulations in general practice in Europe and Scandinavia. About 5-6% of all sexually active women have bacteriuria which is in then associated with increased mortality as assessed in life table analysis. The cumulative prevalence of asymptomatic

bacteriuria in females increases about 1%per decade throughout life. The reason that women acquire bacteriuria with increasing age is not known in addition to causing considerable discomfort and ill health, also asymptomatic infection can lead to complications within and outside the urinary tract ***(Gymans, 1986)***.

In the developing countries, particularly in rural settings, the problem is complicated by the fact that patient are late to seek treatment .At the same time, because of lack of facilities, vast majority of urinary infections treated empirically and only a small minority can get pre-therapy testing In the past decades the sensitivity profile of the community acquired as well as nosocomical urinary tract infection has undergone drastic changes it has become necessary to periodically monitor the changing pattern of sensitivity and emerging resistance locally to a provide feedback to general practitioners on the most antibiotic agents for a particular community ***(Baeza and Berruti et al., 1998)***.

A study of aerobic cultured of 1, 281 urine samples sent from the out patients as well as in patient departments of the SMHS hospital to the microbiology laboratory of the Govt. Medical college ***(Srinager, 1997)***. The pathological microbes were isolated from patients samples. Some of *E. coli and* other *klebsilla* and also its found some pseudomonase. They found that each of them sensitive to most of antibiotics but with different percentages.

Dyer and Cotchin (1999), studied the micro organisms which cause urinary tract infection in diabetic patients which was very important and found how they can treated with using antibiotics such as nitro furrantion, amikin, noroxin, septrin sulfatrimero, ampicillin, cephradine.