

is incontestably indicated; however, when the child is viable he would prefer premature delivery. Milligan reported (*Ob. Rev. de Gynec.*, 1906) a case of recovery after nephrostomy. Fournier, reporting two cases, states that in one nephrostomy was refused and at the seventh month the patient was delivered of a dead child, while in the other, a case of a severe type, nephrostomy was performed and a living child born at term."

Treatment, aside from operative measures, will, of course, be aimed toward overcoming the infection by the same means used in any form of pyelo-nephritis. The urine should be made a less favorable culture medium by the administration of such substances as urotropin and helmitol, and insisting upon the ingestion of large quantities of water. In the case under observation this method alone has been employed, since operation was refused. The patient has been in bed about two months. She is improving, but there is still pus in the urine.

In brief, we are dealing in the pyelo-nephritis of pregnancy with a condition from which the mother may recover with little of treatment except hygienic measures in a large percentage of cases; but, in all except the most advanced intoxications, our greatest concern is for the life of the child. For this reason we may properly consider Leguen's operation as a valuable suggestion in selected cases.

Dr. Ross is to be congratulated upon his splendid results in the cases reported.