

spec. grav., 1010; albumin, more than would be accounted for by the pus present; microscopically, masses of pus-cells and many small round epithelial cells. Specimen taken by catheter gave pure culture of colon bacillus. The patient's opsonic index to the colon bacillus was 1.4. The temperature was typically septic, showing striking remissions.

The case was so clearly one of pyonephrosis, and the patient was in such bad condition, that I did not think it advisable to catheterize the ureter. Cystoscopy and catheterism of the ureter are essential to a positive diagnosis in some cases, but are difficult in the later months.

Here was a woman, anemic and poorly nourished, in a condition most favorable for sepsis. Little pressure is necessary to obstruct the ureter; the pressure of the urine, thus dammed back upon the renal structures, would disturb the vitality of their cells, while the stagnated urine is readily infected by the colon bacillus. In 19 out of 21 cases reported by Rovsing, the colon bacillus was found in pure culture.

I advised termination of the pregnancy because of the bad general condition, and ether was administered on February 4th, a dead macerated fetus being removed. The blood-examination, twenty-four hours later, gave 9,800 leucocytes, of which 92 per cent. were polymorphonuclears; forty-eight hours later there were 4,800 leucocytes, with 82 per cent. The following note appears ten days later: "Many specimens of urine have been examined and there has been a steady improvement; to-day's sample still shows many pus-cells, some albumin, no casts, sp. gr., 1011." On March 2nd, the report is that the deposit, fine and white, is lessening in quantity. On May 9th, "a few pus-cells, an occasional red blood corpuscle, and a few small round epithelial cells remain." The patient has remained in good health since.

The right kidney is the one usually involved. Swift reported 41 cases in which the right kidney only was affected in 37. This fact points to pressure as a factor, since the left ureter is somewhat protected by the sigmoid flexure, and the diagonal attachment of the mesentery tends to allow the small intestine to fall to the left. I do not agree with Dr. Ross's statement that the pressure on the ureters is greater in the later months of pregnancy. I believe it to be greatest just before the uterus rises above the pelvic brim; and it is true that a vast majority of cases are first observed in the fifth month.

In all the cases reported by Swift, in which bacteriological examination was made, the colon bacillus in pure culture was