

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; today'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 found; it is therefore likely that the condition of the alimentary canal is an important etiological factor. This would suggest that digestive disturbances and constipation in the pregnant woman should receive especial attention.

According to the reports of cases found in the literature, it is not always necessary to empty the uterus. Twenty-eight of these forty-one cases went to term. Spontaneous premature labor occurred four times, induced premature labor only once, yet eventually in twenty-nine of these cases pus entirely disappeared from the urine. When the infection is bilateral, we may be left no choice but to empty the uterus; but Leguen (*Rev. de Gyn.*, 1904) urges that we should carefully distinguish these cases from those that are unilateral. He performed nephrostomy in eight cases where the condition was unilateral, and says that the operation does not compromise the pregnancy. He further says that, in urgent cases, *before* the child is viable, the operation