In this country some years ago, Dr. Meek, of London, drew attention to the condition. Those who are interested in the literature of the subject will find a long list of references in a paper by Tremont Smith, in the *New York Medical Journal*, December 8, 1906.

Discussion.

Dr. Wm. F. Metcalf.—The etiology of the various forms of toxemia occurring in pregnancy is not well understood. Why one patient presents symptoms of nephritis without pus in the urine, with eclampsia, and in another the urine is loaded with pus and even pus casts, with no symptoms of eclampsia, while others have repeated rigors with high temperature but no increase of polynuclear leucocytes and no evident impairment of kidney function, is a question yet to be solved, and the medical profession is indebted to Dr. Ross for the report of so many cases from his personal experience of an affection which, though not common, is doubtless frequently overlooked.

I have one case at present under observation. In my records of the last three years, I find only one other case reported, of which the following in brief is the history:

Mrs. D. S., aged thirty-four. Had missed four menstrual periods. For ten days she had severe chills, with fever reaching 104 deg. Leucocytes, 26,200, of which polymorphonuclears made up 98 per cent.; erythrocytes, 2,400,000; hemoglobin, 50 per cent. Vaginal examination excluded salpingitis. Pain in the right renal region was severe. Tumor could be palpated. Urine examination: Very cloudy, with heavy white deposit; 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