

diseases must, therefore, be looked upon as distinct and separate. But again they meet on another common ground. Each is specially connected with pregnancy and the sufferers are in apparent good health when not pregnant. The cause of the onset of acute symptoms in either case is the presence of pregnancy. Pyelo-nephritis assumes serious proportions in the fourth and fifth month, while albuminuria assumes serious proportions as a rule in the latter months. In either case the disease may present serious symptoms after delivery. If pressure be the cause of the conditions, it is less difficult to explain cases of albuminuria than cases of pyelo-nephritis, because the former comes on when the pressure is at its greatest, namely, in the latter months of pregnancy. I confess that it is difficult for me to understand why the slight pressure of a three, four, or five months' pregnant uterus upon one or both the ureters should be capable of producing such a serious disturbance in one or both kidneys. Again, it is difficult upon such an assumption to explain the occasional amelioration of the symptoms even with the increasing pressure of advancing pregnancy. And it is more difficult to explain the recurrence of the serious symptoms after all pressure has been removed by the delivery of the child. Perhaps some venous congestion of one or both kidneys may be produced analogous to the venous engorgement noticed even in the very first months of pregnancy.

The symptoms are characteristic. Generally during pregnancy a feeling of malaise, weakness, and ill-health. Then comes on the severe pain of pyelo-nephritis similar to that of the disease when produced by an inflammation ascending the ureter from an inflamed bladder. This pain may be aching or stabbing in character, and is fairly well localized. The kidney on that side becomes excessively tender to the touch. Rigors set in, and the pus is found in the urine. This ill-health may continue until labor sets in or until the uterus is emptied after the induction of premature delivery or miscarriage. This would appear to be the rule, although from my experience there appears to be some amelioration of the symptoms, with a recrudescence of the disease at a later date.

The treatment to be adopted should be that of pyelo-nephritis, whatever that may be. If the disease is, as we know it is, due to the presence of pregnancy, and if the disease is a serious one, as we know it is, surely the most rational method of treatment is to terminate the gestation. This should only be done under the protection of a consultation with one or more confrères, and should not be deferred until it becomes dangerous to the mother.