the ureter with infection of the urine with Coli. (Bacteruria, Pyuria, Pyureter, Pyelitis.) (3) Very severe cases—protracted cases with abcesses of the kidney from mixed infection. (Pure Pyonephroses.)

If the pain and fever persist in spite of treatment by rest in bed, fluids and urotropin, direct local treatment should be resorted to. This includes: first, induction of abortion; second, catheterization of the ureter with or without injection of the kidney pelvis; and third, nephrotomy and the formation of a renal fistula.

He considers the interruption of pregnancy seldom if ever permissible. Catheterization of the ureters in his opinion is less unpleasant and less dangerous than is a vaginal examination if a pregnant woman. He employs a 3 per cent. boracic acid solution to douche out the ureter and pelvis of the kidney. In one case he employed 1 per cent. collargol solution for this purpose with satisfaction.

I have seen three cases of mild pyelonephritis in the course of pregnancy in my private practice all yielding promptly to simple treatment.

The following reports of three cases are from the records of the Montreal Maternity. The first two occurred during my service last summer and the third during that of Dr. Cameron, to whom my thanks are due for his permission to make use of it.

Case I. D. S. Age 28. Married. Third pregnancy. Last period, March 21, 1908. Admitted July 20, 1908, in 24th week of pregnancy, complaining of chills and fever, pain in right side of abdomen.

On admission, temperature 103°, pulse 128. On July 13th patient began to suffer from frequent and painful micturition lasting three days. Two days later she had a chill followed by fever. This was repeated on the following days, when she also noticed pain in upper right abdomen.

On admission the urine was found loaded with pus cells, trace of albuminuria, no casts, alkaline.

Patient looked very ill. Severe pain was complained of on light pressure over the upper abdomen on the right side. Pressure just below the costal margin in the right lumbar region gave rise to sharp pain. The kidney could not be palpated. Nothing else abnormal was noted beyond a foul vaginal discharge.

Treatment. Rest in bed with milk diet, urotropin, unlimited fluids. The temperature ranged between 102° and 103° F. for five days, then gradually returned to normal. The tenderness disappeared within a few days and the urine rapidly cleared up, there being a most marked diminution of pus within four days of admission. The first specimen examined was alkaline, but all the others strongly acid.