after the onset of the symptoms, and secondly, that pus may occur intermittently in the urine from the pressure on the ureter being variable, should be borne in mind.

The diagnosis may be difficult, especially when the general symptoms mask the local signs, particularly when the condition arises acutely in the early puerperal period with rigor, high fever, vomitting and pain in the right groin. Usually in such cases infection of the genital canal is suspected.

During pregnancy the condition is frequently mistaken for appendicitis, occasionally for typhoid fever or salpingitis.

Generally pain over lumbar region, usually the right, palpation of a large and tender kidney, associated with the presence of pus and blood in the urine, particularly if the latter is acid in reaction, enable a diagnosis to be made. Usually per vagina in these cases the sensitive ureter can be palpated.

If a pregnant woman presents pus in the urine with no increase of frequency of micturation and little or no pain in the region of the bladder, pyelonephritis may be suspected. Paroxysmal pain occurring in the right side of the abdomen, associated with intestinal disturbances and slight febrile reaction occurring in a pregnant woman between the fourth and seventh month, should cause one to make a careful examination of the urine. The condition may be diagnosed from cystitis without much difficulty. In cystitis there is usually pain or tenderness on pressure over the bladder. Use of the catheter causes distress, and the distension of the bladder actual pain. In pyelonephritis, catheterization, distension of the bladder, etc., give rise to no distress. In doubtful cases, cystoscopy or catheterization of both ureters will make diagnosis certain.

The treatment of the milder cases consists of rest in bed, milk diet, the copious use of water and simple purgation. The drugs most commonly employed are urotropin and methylin blue. Where this treatment fails to rapidly produce an amelioration of the condition, nephrotomy or the induction of premature labor may be necessary. Jeannin recommends that in all cases of pyelonephritis the urinary bladder should be slowly distended with a saturated solution of boric acid three or four times in the 24 hours. Usually the induction of premature labor is the treatment selected, as in most of the cases emptying of the uterus is followed by rapid improvement.

Stoeckel divides cases of pregnancypyelitis into three groups: (1) Mild cases—obstruction in the ureter without infection of the urine. Hydrureter. (2) Moderately severe cases—well marked obstruction of