

severe. Dr. Cleland saw her; she had high fever and the urine contained considerable pus. In this case the patient had a period of ill-health at the fourth month, and then she improved and went on until full time and was delivered. Twelve days after delivery she showed the severe symptoms that called for a consultation, and I saw her with Dr. Cleland. She had severe pain, a chill, elevation of pulse and temperature, and pus in the urine. The convalescence was rather slow. For the purposes of this paper I saw her a few weeks ago, and found no ill-health, no tenderness over the loins, and a very small amount of pus in the urine, indicating a permanent lesion.

In order to show the difficulties with which we have to contend, and to emphasize another phase of this condition, I relate the following case:—Mrs. G., age 20. She entered St. Michael's Hospital when four and a half months pregnant. She felt ill. Her temperature was elevated, varying from 100 to 103. Finding an abundance of pus in the urine, I advised that the uterus be emptied. This was objected to. I lost sight of the patient for a time, but when asked to see her again she was emaciated, looked as if in the last stages of septicæmia, and looked so ill that I hesitated to advise the induction of premature labor, feeling that it would be fraught with very considerable danger in the present condition of the patient. She was taken home, remained a week, and was readmitted to the lying-in department of St. Michael's Hospital in a desperate condition, and delivered of a still-born child. Labor set in without any interference. She lay abed for weeks, but at last regained her health. Some months later I catheterized her and obtained a specimen of urine. This was examined by Dr. Geo. Smith. It contained pus cells, singly and in groups, but they were not numerous. A diplococcus was also present in a fresh specimen. The relation of these cases, embracing, as I think they do, the sum total of my experience with pyelo-nephritis of pregnancy, may serve as of some assistance in studying the disease. The condition is in no way connected with the nephritis or albuminuria that accompanies eclampsia. There is a factor common to each condition, namely, the almost total disappearance of the pathological changes in the interval between the pregnancies. In the case of eclampsia, it is the albumen that disappears or greatly diminishes; in pyelo-nephritis it is the pus that disappears or greatly diminishes. In albuminuria of pregnancy we frequently have convulsions; in pyelo-nephritis we frequently have severe rigors; while rigors are not met with in albuminuria and convulsions are not met with in cases of pyelo-nephritis. The two