

the ureters by the gravid uterus, and the right ureter is much more subject to this accident than the left, but this anatomical fact entirely fails to explain the origin of the disease, and is no more than an occasional contributory factor. Compression to some degree is far more frequent than is the disease in question. The latter is undoubtedly in some way dependent upon the presence of pathogenic bacteria, and there appears to be little doubt that the bacillus coli is found more frequently in the urine of these patients than any other germ, although the streptococcus has also appeared to be pathogenic in these cases. Reblaud believes that the bacillus coli reaches the urine of the pregnant woman through the intestines, and Bué claims that purgatives cut short the pyelo-nephritis.

The symptoms are obscure in but a few recorded cases. As a rule, the patient is stricken with grave manifestations, consisting of chills, fever, rapid pulse, malaise; and, in general, the clinical picture of a severe acute disease. Of symptoms especially referable to the disease, there are scanty dark-colored urine, which is albuminous, and within a few days purulent, with the usual picture of the urine of pyelitis associated with nephritis. The amount of urine is about one litre in 24 hours.

Examination reveals a normal condition of the bladder, as the tenesmus and incessant desire to urinate are not present, and there is no tenderness on pressure. On the contrary, exploration of the kidney reveals marked tenderness. The other viscera, as a rule, present nothing abnormal.

The disease usually pursues a rapid course, but resolution is not complete until the period of pregnancy has terminated, while relapses are of frequent occurrence. The disease occasionally returns with each succeeding pregnancy.

With regard to prognosis, fatalities are extremely rare, despite the severity of the symptoms. Delivery always exerts a favorable influence upon the disease, and hence those cases which develop late in the pregnancy tend to experience a more clear-cut recovery. There appears to be no evidence that the fetus is in any way compromised by the disease.

It is evident from what has been said that diagnosis is not usually difficult. Certain conditions like right salpingitis and appendicitis may require to be excluded. If the physician is himself a good microscopist, or has access to one, the diagnosis ought to be made without the least trouble.

The two indications for treatment are to ease the pain by rest in bed, and sedatives, and to disinfect the urinary tract. Vesicants should not be used, but morphine is not contra-indicated. The milk diet should be insisted upon, as in eclampsia. Intestinal antisepsis is imperatively demanded, and the authors recommend benzo-naphthol for this purpose.