

anything was to be done it should be attended to at an earlier period before she suffered so much pain. He stated that already she was delirious at night and was looking ill. I referred him to Dr. J. L. Davison, one of her attending physicians, for his opinion, and he also advised that the pregnancy be terminated. The patient was sent into St. Michael's Hospital, and when I saw her with Dr. Davison I was amazed at the change in her appearance. The same peculiar haggard look, with dark rings under the eyes, the unhealthy color and waxy appearance of the skin were very apparent. There was as yet but slight elevation of temperature, but the right kidney was now excessively tender on pressure. The left kidney was not tender. The uterus was emptied for the third time I intend to sterilize the patient by removing a portion of each fallopian tube to prevent impregnation. This case was of particular value from a clinical point of view, owing to the fact that I was able to observe it during three successive pregnancies, and that the observations also covered the intervening periods.

The next case to be related is that of Mrs. P., admitted under my care in the Toronto General Hospital. She was 32 years of age, and had given birth to one child. She was pregnant four months. A sudden pain set in over the left kidney at the end of the third month of pregnancy; it was of a sharp, stabbing character, and did not radiate. The day after her entrance into the hospital, in the fourth month of pregnancy, a severe chill came on, and lasted for 45 minutes. She had, in all, four or five chills, at intervals of from 6 to 24 hours. When admitted temperature was 102 3-5, pulse 128, respirations 30—the urine contained pus, no casts were found, a trace of albumen was present. I append the temperature chart. The chills ceased, the health improved, and the patient is as yet under observation. She may go on to full time without any return of her serious symptoms, though this has not been my experience with similar cases. Even after delivery the patient is not necessarily out of danger, and the damage done may be of a permanent character. This is borne out by the history of the next case.

Mrs. C., 45 years of age, the mother of eight children. She had never had convulsions or swelling of the feet. When four months pregnant she had chills, but these disappeared. She had suffered from a good deal of soreness across the loins. In the last pregnancy the urine had been very scant—not a cupful in 24 hours, she said. On the 12th day after delivery she was seized with a severe pain over the left kidney, in the left lumbar region, and up the left side of the abdomen. A chill came on and was very