

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 diseases must, therefore, be looked upon as distinct and separate. But again they meet on another common ground. Each is specially connected with pregnancy, and the sufferers are in apparent good health when not pregnant. The cause of the onset of acute symptoms in either case is the presence of pregnancy. Pyelo-nephritis assumes serious proportions in the fourth and fifth month, while albuminuria assumes serious proportions as a rule in the latter months. In either case the disease may present serious symptoms after delivery. If pressure be the cause of the conditions, it is less difficult to explain cases of albuminuria than cases of pyelo-nephritis, because the former comes on when the pressure is at its greatest, namely, in the latter months of pregnancy. I confess that it is difficult for me to understand why the slight pressure of a three, four, or five months' pregnant uterus upon one or both the ureters should