

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 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