They are all used for the same purpose, to destroy the destructive organisms and preserve as much of the cornea as possible.

Whatever our treatment may be, an exact knowledge of the etiological factor helps us to anticipate the severity of the process, for a beginning pneumococcus ulcer may be clinically identical with a diplo-bacillary one. But where we know which of these micro-organisms we are dealing with, we know exactly what our treatment must be. The clinical diagnosis is incomplete without a bacteriological one. The widening of bacteriological methods in ophthalmology is in no better way shown than by a study of the etiology of corneal ulceration, not because it is perhaps scientific, but because of its practical value. It is essential especially among adult patients to treat from the beginning not only energetically, but scientifically, ulceration of the cornea. The speed with which ulcers of the serpiginous type develop is only too well known, whether the organism present be the pneumococcus or diplo-bacillus. But of inestimable value as regards treatment and prognosis is it to find cut at the beginning what etiological factor we have to deal with. must it be supposed that bacteriology will always tell us the cause, but these methods by giving us positive or negative results, direct us to treat accordingly. These ulcers may present identically the same clinical picture, but in the light of our present knowledge, if we wish to treat and prognose with that degree of certainty with which we should, how important it is to find out what etiological factor we have to deal with. The advantage of knowing whether we are dealing with an ulceration caused by micro-organisms or not is easily understood. The value of knowing whether the micro-organism is the pneumococcus or diplobacillus will not be questioned. In pneumococcus ulceration we have an exceedingly virulent process to combat. In diplo-bacillary infection we have a pathological condition easily controlled and cured.

PYELONEPHRITIS AS A COMPLICATION OF PREGNANCY AND THE PUERPERAL PERIOD.

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Pyelonephritis was first described as a complication of pregnancy by Reblued in 1892, but it was not until 1899 that much attention was paid to the subject. Since then, quite a literature has developed.

This complication is associated with the early part of the latter half of pregnancy being most common from the fifth to the seventh month. It is said to occur most frequently in primiparæ and is most commonly localized on the right side, though either or both kidneys may be affected.