be combined. In the puerperal state we have likewise conditions favoring the accumulation of effete matters. The woman is at once the eliminator of her own excretions and those of the child, the retention of which is the essential cause of the Bright's disease. The obstruction to the circulation, due to the compression of the vessels by the gravid uterus, doubtless adds to this, but it is of itself insufficient to cause it.

There are two symptoms to which I desire to refer. The first is the blindness, and the second the convulsions. Blindness frequently develops previous to the occurrence of the convulsions. What is the cause of this loss of vision? It is known that there is a form of Bright's disease in which there are organic changes in the retina, technically termed albuminuric retinitis. These changes are most frequently associated with chronically contracted kidney. The defect of vision under such circumstances comes on slowly, but blindness, to which I now refer, comes on suddenly, and is of a very different character. It occurs suddenly, and often disappears as suddenly as it came. Such blindness evidently cannot be due to structural change in the retina. I do not know that we are sure as to its precise cause, but the most rational explanation is that which attributes it to the same cause that produces the uræmic convulsions—that is, an accumulation of urea and allied substances in the blood vessels of the brain, affecting the centre of vision, and thus blotting out for the time being, the responsiveness of that centre to the stimulus to which it usually responds. The convulsions are caused in the same way. The nerve cells are irritated by the presence of these products, and the response comes in the shape of a convulsion.

We have in these facts the key to the treatment. Unquestionably, the most efficient treatment of puerperal convulsions is bloodletting, for by bloodletting we draw from the system the agent which is the most important factor in the production of uræmia. But it may be said by some that venesection is not recommended in the treatment of the convulsions of acute Bright's disease. Why then should it be used in puerperal cases, if the same essential causes prevail in both?

I believe, however, that it is a mistake not to treat the convulsions of non-puerperal Bright's disease in the same manner, and that if bleeding were more common, the results would be more satisfactory. I do not hesitate to advise you to bleed in the convulsions of acute Bright's disease. No harm can follow the removal of from eight to sixteen ounces of blood from an adult patient so that if it does no good, it does no harm. You must not, however, expect equal success, because there is still an important difference in the conditions. In the instance of renal disease accompanying the puerperal state, the termination of this state not only removes the remote cause of the disease, but the disease itself is usually less advanced, and the chances for recovery may thus be increased.

Afterwards, or coincidently with this measure, anæsthetics are often of great service, and the patient is kept with great advantage, more or less thoroughly under the influence of chloroform or ether, in order to keep off the convulsion. This is not always necessary, for in many cases chloral answers every purpose. There is no condition in which chloral can be relied on more confidently, in connection with venesection, than in puerperal convulsions, and in the convulsions of Bright's disease. It must be given in full doses. I usually give an adult one drachm of chloral by enema. It is not worth while to give a smaller dose. The dose named may be repeated; but in the majority of cases one dose is sufficient. Chloral has the advantage over anæsthetics, in that it is possible to judge accurately of the condition of the patient. When a patient is under chloroform or ether, it is impossible to note the changes in mental condition by which almost alone we are to judge of improvement. If bloodletting and chloral are not sufficient, chloroform or ether must be resorted to. Chloroform, dangerous as it is in ordinary surgical operations, appears to be harmless in puerperal conditions.

There are two other grades of complication of Bright's with pregnancy, both of which are far more dangerous than that of which we have been speaking. The first is a puerperal case with Bright's disease, where the renal affection is not the immediate result of the puerperal condition, but where it has previously existed; for although these cases occasionally get well, the mortality is much higher than in those cases of which we have been speaking.

There is a second class of cases in which, in my experience, the prognosis is invariably fatal. A girl of eighteen or twenty, with Bright's disease, who subsequently marries, is almost certain to die in her first confinement. This is an exceedingly important practical point with reference to the question of marriage of girls with Bright's disease. If a woman has had two or three children, and then acquires Bright's disease, although the condition is more dangerous than where the renal condition comes on during pregnancy, she still has a chance of getting as near well as she was before she became pregnant. The probabilities are, however, that the kidneys are left a little more damaged than they were previous to pregnancy. The renal disease is better than it was during pregnancy, but a little worse than it was before pregnancy. It is not so with the primipara who had Bright's disease before marriage. Her marriage-bell is her death-knell.—*Mediacl News.*

It is said that tickling the nose will stop hiccough.