are used, and the abdomen closed with tier sutures of silkworm gut instead of catgut.

In our lectures on obstetrics much stress is laid upon the albumenuria of pregnancy. My note-book contains some forty or fifty pages on that subject. Being aware of the diversity of opinion held on this subject, I thought it might be of interest to know how it is looked upon over here. This is a summary of the last few lectures:

Varieties.—1. That due to previous renal disease, such as chronic interstitial nephritis.

2. Chronic renal disease, arising in and peculiar to pregnancy.

3. Acute renal disease, arising in and peculiar to pregnancy.

The first requires no explanation.

Chronic renal disease peculiar for pregnancy is "a disease of the kidney which takes rise in pregnancy alone, seldom leads to important disturbances of the general health, and quickly subsides after labor." The clinical history shows slight edema, headache, shortness of breath, vomiting and pallor. The urine shows albumen about one-fourth to one-half in bulk. The albumen is mostly paraglobulin, showing that the kidney is not permanently damaged. The casts are granular; the daily amount of urea is below the average, as well as the total amount of urine, while the Sp, Grav. is lowered. About the second or third day after delivery there is a marked increase in diuresis, and lasting for about a week. The amount of urea excreted is increased to six hundred or seven hundred grains. Increased excretion of urine gives a good prognosis, otherwise the case may go on to chronic Bright's. A few cases pass into the acute form, viz., eclamptic.

The treatment consists of rest in bed, a milk diet, and aperients to flush the bowels and kidneys. Doses of chloral and bromide are administered at intervals. If the condition is not improved in two or three days it is best to induce labor. A waiting policy of a week is the longest time that could be entertained before active interference.