

While I was there she had another seizure, during which she became black in the face, and nearly every voluntary muscle in the body was in a state of clonic convulsions. This was speedily arrested by the administration of a mixture of alcohol, chloroform and ether. She, however, remained perfectly unconscious, having recurring seizures until the evening, when her condition was so alarming that I felt disposed to dilate the os and deliver with the forceps. But, before doing so sought a consultation with a senior *confrère*, who advised me to let the uterus alone, and to apply twenty leeches to the temples, instead. This was done at 9 o'clock, the convulsions being, in the meantime, controlled by anæsthetics. Almost as the last leech fell off she recovered consciousness, and gradually continued to improve without any untoward event. I however kept her in bed, and ordered her to continue with a strictly milk diet for several weeks, during which time the albumen in the urine decreased very rapidly, and the headache completely disappeared.

On the 19th Aug., just four weeks from her convulsions, I was sent for and found her in labor, but there were no signs of life in the child. While rupturing the amniotic sac, my finger went through the scalp and membranes of the brain, which latter oozed completely out, in a very decomposed state, rendering, for a time, my lot by no means a happy one. After a labor of five hours she was delivered of a decomposed seven months' fœtus.

She made a good recovery, and is now apparently none the worse for her adventure.

My object in bringing this case before you is to make especially prominent two features in the treatment—one being the method of bleeding and the other the therapeutic action of a rigorous milk diet.

First, as to bleeding, there seems to be a great difference of opinion among writers as to the propriety of removing blood, those who are most opposed to it generally believing that the disease depends upon a hydræmic condition of the blood or, at any rate, an anæmic condition of the organs nourished by it. I am not of the latter opinion as, to my mind, there is greatly preponderating evidence that the disease is due to the retention of urea in the blood; and I therefore think that we can find in the kidneys the whole source of the disease; although any disease of the kidneys which causes albumen to be excreted is always accompanied with more or less hydræmia or anæmia. In the post-mortem notes of nearly every case of fatal puerperal

eclampsia we find that the kidneys were in a more or less advanced state of inflammation and *that the veins were dilated*.

In my case the application of twenty large leeches produced a marked effect, immediately putting an end to the coma.

Whether this result was due to the abstraction of so much blood, and with it so much poisonous urea from the whole circulation, or whether it was due to local depletion I cannot say; certainly, twenty leeches can remove a large amount of blood, and, being an uncompromising compromise between venesection and no bleeding at all, I would respectfully recommend this method of removing blood.

And here let me express my belief that the albuminuria, uræmia and disease of the kidneys in pregnant women will be found to be due to venous congestion of those organs caused by the obstacle which the gravid uterus pressing on the renal veins offers to the return of blood from the kidneys. I think that this opinion is borne out by this fact, that puerperal eclampsia is proportionally frequent as the women advance in pregnancy. The second point I wish to emphasize is the milk diet. It has long been advocated in the treatment of Bright's Disease by Dr. DONKIN of Sunderland, in a series of papers in the *Lancet*, but its adaptation to puerperal eclampsia is the special object of this paper. In one of the articles referred to he says: "In order to fully appreciate the therapeutic action of milk in Bright's Disease we must fully understand the pathological conditions pertaining to this disease. The kidneys are provided with a double capillary system, namely, a primary set of capillaries forming the malpighian tufts, and a secondary set formed by the ramification of the efferent vessels of the malpighian tufts into a net-work of fine vessels distributed between and around the convoluted uriniferous tubules. In the second place, the kidneys are completely invested each by a firm, fibrous coat, or capsule, of a very unyielding nature." So that, anything preventing the free return of blood from the kidneys would result in pressure on the uriniferous tubules, bringing on alteration in their structure and functions.

The effect of the continued drain of albumen from the kidneys is to impoverish the blood to such a degree that its albumen is reduced in some instances to as low as 16 parts in a 1000, the healthy proportion being 60 to 70 parts in a 1000. By this serious deprivation of albumen the specific gravity of the blood serum is lowered from 1028, its