

with albuminuria and casts; she did not have eclampsia, because abortion occurred, and she entirely recovered. It seemed to him that in this case the nephritis was due to the toxemia of pregnancy, because immediately after delivery of the fetus all toxic symptoms disappeared. He called attention to the absolute necessity of frequent examinations of the urine late in pregnancy. He said that he had just gone through a trying case impressing this upon his mind. Regular monthly examinations of the urine of the patient had been made during the spring and summer until Dr. Fussell had gone away in September. Another examination was made on November 5. The patient's limbs were swollen, but her urine was normal. She was directed to go to bed, because it was feared that the edema was due to toxemia. Examination of the urine on the following day showed it to be normal. He did not see the patient again until November 18, when he received a summons to attend her for a bad cold. When he reached the house she was in convulsions. He believes that had he continued the examinations of the urine between November 4th and 18th the toxic condition would have been discovered. Another case impressing this point was of a normal pregnancy developing slight albuminuria. An examination 3 or 4 days later showed a slightly increased amount of albumin. The woman was ordered to bed, but instead she had gone to town and shopped all day. On the evening of the same day she was in convulsions and died. He is distressed to hear that immediate delivery is not considered by Dr Hirst to be the proper thing, because he thought he was following Dr. Hirst's views when he employed this treatment. In his own personal experience immediate delivery has always been extremely satisfactory. He would like to ask Dr. Hirst what he would do if he were called in the middle of the night to a woman for whom he had been sent for the first time, and found her absolutely unconscious with eclamptic convulsions occurring every few minutes?

Dr. R. C. NORRIS said that at the Preston Retreat patients are received sufficiently early to frequently avoid this complication. Of 2,000 consecutive deliveries of patients under his own care there were only 19 of grave toxemia arising in the pregnant women. He believes that a patient with a slight amount of albumin and a few hyaline casts, but without any constitutional symptoms of toxemia, under the action of free purgation and restriction of diet will become normal in a week or 10 days. In the 19 grave cases there were 8 eclampsias