

was without anything of sufficient interest to record. The urine was cleared up on discharge. The temperature went to 100.8 after the second convulsion, and gradually fell.

The last case I shall give a synopsis of is one of the worst I have ever seen, and I consider we were very lucky to have saved the woman.

Mrs. Rosie L., age 20, Russian Jewess, primipara, a patient of Dr. L. J. Solway, who was called in an emergency and sent her, very wisely, to the hospital at once. She was admitted March 20th, 1915, at 8.30 a.m. She had had three convulsions at home, and was in a condition of coma when brought in by Dr. Solway. At 8.45 she had another convulsion lasting three minutes. She was given one-quarter grain of morphine sulphate by Dr. Baker, the house-surgeon, and two minims of croton oil by mouth. She, however, vomited it, and continued to vomit a quantity of dark green fluid. I was summoned to the hospital, and examined her. I had her given a stomach lavage and a couple of ounces of magnesium sulphate given by the tube. I then had 1,000 c.c. of sterile normal saline given under the breasts. I asked Dr. Macdonald to look at her with me, and we decided on emptying the uterus as soon as we could get the cervix fully dilated. It was then very rigid. There was a nearly full-term fetus to be palpated with difficulty owing to the uterus being very tightly contracted on it. An anterior vertex presentation was made out, but the fetus was considered dead as no movements nor fetal heart sounds could be discovered. She was given an enema and got ready for the operating room. Under light ether anesthesia, I catheterized her and gave a hot one-per-cent. lysol douche, and then with care dilated the cervix with a Goodall dilator until it would admit one finger. I then introduced a No. 1 Voorhees' hydrostatic bag and filled it and clamped it and put a string on the end of it for traction, and sent the woman back to the ward. The pulse on beginning the anesthetic was 100 and poor, and the patient was comatose. The urine went almost solid on boiling with the large amount of albumin. There were blood and granular casts.

At 2.30 p.m. she had another convulsion; no urine or bowel movements had occurred up to 5 p.m., when I again visited her. The bag had not yet come through. She had another severe convulsion lasting about four minutes, and went into a state of coma afterward. I had her taken to the operating room again about 6 p.m. On very slight traction on the bag it pulled through. After a preliminary lysol douche, I examined her