

real odour was very evident on her breath; her face was flushed and bloated, she behaved in a very violent, abusive manner, and was with the very greatest difficulty undressed and put to bed. She was partially sensible, and answered questions about herself when she pleased. Her friends having said nothing about her having had a convulsion, and the most natural conclusion being that she was drunk, she was allowed to remain quiet, and was disturbed as little as possible.

*History.*—She is a powerful, well-developed, stout, short-necked girl, of rather a bloated appearance. Has never borne children. Judging from her own appearance, from that of her relatives, and from the condition of the home in which she lived, she must have been addicted to the use of liquor. Her friends, when questioned afterwards, stated that labor began about 6 a.m., and that she had "a fit" at that time, and another in the cab on her way to hospital. Nothing could be elicited from them as to her general health, or as to the existence of oedema, etc., before labor began.

On examination the os was found to be the size of a shilling.

Shortly after admission, an emetic and a dose of ol. tig. had been given; both acted satisfactorily.

At 1.45 p.m. a severe convulsion came on. She passed rapidly from clonic to tonic spasms, she became perfectly livid, and the peculiar hissing respiration so characteristic in these cases was specially well marked. The administration of chloroform was at once begun; the respiration became less and less hissing, but at the same time more rapid and shallow, the lividity extended from the face to the neck, breasts, and upper extremities, the pulse became quite imperceptible, and respiration ceased suddenly, three minutes after the inhalations chloroform had commenced. Artificial respiration was immediately begun, Nélaton's method being used, and breathing was partially restored; venesection was also tried, but in spite of every effort the breathing gradually ceased, the heart became inaudible, the pupils dilated, and she was gone. As soon as Mr. Smyly and those assisting him were satisfied that life was extinct, he made an incision in the middle line, opened up the uterus, and extracted the child without delay; the placenta was attached in front. In spite of every effort to establish respiration, the child, which was a full-sized, healthy-looking male, never breathed, although after the ligature had been applied, the cord feebly pulsated for some minutes; but the impulse became gradually feebler and feebler, and finally ceased.

Shortly before death, about an ounce of urine was drawn from the bladder, and upon examination was found to contain rather more than half its bulk of albumen, a few granular casts, a large number of sanguineous casts, and hyaline casts with granular matter imbedded in them. The cast evidently came from the larger tubes, and pointed to not very recent Bright's disease.

*Remarks.*—These three cases are interesting as presenting three totally different phases of a terrible

disease; at the same time they possess some points of resemblance which makes their comparison a matter of considerable interest. All the patients were primiparæ; in the first two the convulsions came on during labor; in the third they appeared about the time that labor was commencing. The first case is an example of the mildest variety, the second was severe, while the third was desperate. In all, the urine gave evidence of more or less kidney trouble. In the first case there was no albumen, but the presence of a few small hyaline casts proved the existence of recent congestion; in the second there was a large amount of albumen at first, which decreased with amazing rapidity after delivery and after the secretions had been thoroughly re-established. The casts were in this case more numerous, but were still hyaline and from the smaller tubes, and persisted for some days after the albumen had disappeared; the congestion must have been more severe and must have lasted longer. In the third case there was still more albumen, the casts were more numerous, and of a more advanced type; several moderate-sized granular casts were found. The trouble in the kidneys must in this case have been of somewhat longer standing. Was the kidney affection in these cases the cause or the effect of the eclampsia? It might have been the effect in the first and second cases, but it certainly could not have been in the third.

In his clinical lecture upon these cases, Dr. Atthill, after giving the different theories most commonly held, and commenting upon the great uncertainty in which the pathology of the disease is still involved, drew particular attention to the fact that in cases of convulsions, albuminuria is almost invariably present, and that oedema of the face and extremities is the most constant and reliable premonitory symptom. He pointed out that although theoretically it was not definitely settled whether nephritis was the cause or effect, or a mere accidental accompaniment of convulsions; yet, practically, it was fully proved that if the presence of nephritis is detected in time, a judicious course of treatment is almost certain to ward off the attack, or, at least, moderate materially its severity.

After differentiating between an ordinary epileptic fit and a true puerperal convulsion, Dr. Atthill showed that chloroform owes its great value in these cases to its power in relaxing arterial tension, which is so greatly increased in convulsions.

To ward off an attack, the treatment is two-fold: 1. To remove or improve the nephritis by *purgation* and *counter-irritation*. No purgative is better than pulv. jalap co. Counter-irritation should be applied over the kidneys by cupping, or the application of hot linseed meal and mustard poultices over the loins, and diaphoresis encouraged. A Turkish bath might in some cases be of great value. 2. The diet should be absolutely unstimulating. Animal food should be withdrawn; milk and farinaceous foods are the most suitable. Outdoor exercise should be taken freely.

When convulsions have begun, the treatment con-