

The hemorrhagic tendency in pregnancy, or in the puerperium, is rather a rare complication, but may arise during pregnancy or after delivery, and is generally regarded as of very grave prognosis. The infrequency of the complication may be, in part, due to the fact that there appears to be an increased amount of fibrin in the blood during pregnancy, and this probably acts as an preventative.

In this case the hyperarterial tension was possibly a factor in the hemorrhages at the onset of the illness, but the toxic condition arising from the pregnancy was probably largely responsible. The recurrence of the hemorrhages a few days later was doubtless aided by the absorption of bile toxins. Hemorrhages in chronic jaundice are of frequent occurrence, but in acute attacks with light jaundice it is exceptional. J. W. Coe, in the *J. A. M. A.*, claims that constant features of the hemorrhagic diathesis are reduction in the number of blood plates, and an absence of leucocytosis.

Complete suppression of the urine is rather a rare complication, but it may occur in puerperal cases.

1. It may occur in acute nephritis, just as in acute nephritis apart from pregnancy.

2. It may occur apart from nephritis, and apart from eclampsia, as in a fatal case of Jardine's, coming on the sixth day, after the passage of a catheter. A few other cases have been reported.

3. It may occur in eclampsia; nearly always in fatal cases. Jardine reports some cases in which post mortem examinations showed dilated kidney tubules, but no inflammation.

This naturally brings up the question of the relation of the "kidney of pregnancy" to true nephritis. Jardine lays down a clear division between them and reports a series of post mortems in fatal cases of eclampsia, where there was no true nephritis. He attributes to liver derangement the chief source of trouble. He also claims the presence of blood in the urine, even in large quantities, does not mean nephritis, but may be present in eclampsia without nephritis, when it will quickly disappear after delivery. Grandin, of New York, speaks of cases of eclampsia with neither albumin nor casts.

There appears to have been, in this case, a perihepatitis, probably of a more or less local character, such as occasionally occurs secondary to gall stones or cholecystitis. This probably was one of the factors in producing the tympanitis, and the diaphragmatic irritation around the esophagus. It might also be well to remember that some claim that biliary colic does