

sion and even showed a post-mortem rise. During the present year in another case, a primipara, the urine after the fifth month was scanty, contained a large percentage of albumen, plenty of casts and epithelium, yet the woman went on to full term, had a normal labour, and two weeks later the urine was normal. Looking over the literature on the subject, he found that eclampsia occurred in many cases where there was no albumen in the urine, while on the other hand only twenty-six per cent of albumenurics are eclamptics.

Dr. Duff had a record of eight cases with two deaths. One death occurring before and one after delivery. In the two fatal cases, the treatment consisted of croton oil, chloral hydrate and inhalation of chloroform; in the other cases, calomel, hypodermic injections of morphia, and when possible the immediate evacuation of the contents of the uterus. In one case with a rigid os, after other means had failed to accomplish dilatation, the os was freely painted with a ten per cent solution of cocaine, and after two applications it was freely dilatable.

Dr. Mundell had seen six cases of this complication. They were all primipara and three of them had very severe vomiting during the early months of pregnancy. Out of the six, one died. The treatment was inhalation of chloroform, veratrum viride if the pulse was strong and bounding until reduced to 75 or 80 beats per minute, chloral per rectum and induction of premature labor. The last case had a history of scarlatinal nephritis when a child. I was consulted on account of the general oedematous condition of the patient. On testing the urine it was perfectly solid. Active eliminative measures were adopted. That night she had convulsions, but under above treatment made an uninterrupted recovery. The amount of albumen in these cases seemed to bear no definite relation to the severity of the eclamptic seizures. In the fatal case 15 per cent albumen was present.

Dr. J. C. Connell had seen in his practice only those cases of eclampsia which had recovered, and in which partial loss of vision had taken place from retinitis. In the three cases of which he had notes from one-half to one-third of normal vision was regained. The typical degenerative changes of albumenuric retinitis remained permanently. Dr. Connell submitted colored plates illustrating these changes.

Dr. Third said he had but limited experience with veratrum viride in eclampsia. At present he preferred relying on chloral (per rectum), chloroform inhalation, rapid delivery and free purgation.