

ascites. From that time she became weaker and died on the 13th of September. During the time she was in hospital she was given frequent hot packs some of which were effectual, others not, and every four hours was given 300 cc. of saline solution.

The personal history of this case seemed to be normal; the first seven months of pregnancy were uneventful, and it was only after this time that she began to have any symptoms at all. There was no history of scarlet fever or rheumatism.

W. W. CHIPMAN, M.D. I was deeply interested in this case, especially in the matter of treatment. As you have heard, the operation of Cæsarean Section was performed upon this woman and she lived afterwards for thirteen days. At first she seemed to improve, but later the kidneys gradually failed. The child survived for four weeks, then it too died.

When I first saw this case with Dr. Berwick, the vulva was swollen as I have never seen it before, the labia majora were each the size of one's fist, and the lower half of the vaginal mucosa was extremely œdematous. It was with great difficulty that the cervix uteri could be reached by the examining finger. As all means to restore the kidney function has failed, we agreed that delivery of this woman was essential. The alternative forms of delivery were either the induction of labour by means of a bougie or Cæsarean Section. I could see many objections to the former procedure, and could fully realize that if a full-term child came down through the œdematous vagina and vulva, there would in all likelihood be considerable sloughing, and the consequent risk of infection. Moreover, as is well recognized, a bougie is slow in action and not infrequently fails altogether to initiate labour pains. Cæsarean Section was therefore decided upon. The patient was on the table under the hour and recovered well, and lived, as we have seen, a fortnight. My own feeling is that the operation threw no more additional work upon the over-loaded kidneys than the induction of labour would have done; but it is upon this point that I seek the opinion of the members of this Society.

A. LAPHORN SMITH, M.D. I would like to offer my cordial support to Dr. Chipman for what he did in this case, but think that he should have waited only one hour after the urine had been found solid, before doing Cæsarean section. I had such a case last summer; the woman had seven convulsions and after spending one hour in moderate efforts to deliver with forceps, I removed her to the Samaritan Hospital and did Cæsarean section, both mother and child being alive and in splendid health at present.