

The other cases that I have seen when morphia failed now number five, three occurring in my own practice and two in that of others. These cases all presented one of two peculiarities. Three of them were non-uremic cases with no history of renal insufficiency—in the other two the convulsions preceded child-birth.

Three years ago I attended a woman in her fourth confinement, the previous labors having been entirely uneventful, as was also this one up to four hours after childbirth, when she was seized with convulsions. I injected a  $\frac{1}{4}$  grain of morphia, and an hour and a half after another  $\frac{1}{4}$  without any abatement of the convulsions. Five hours after—the interval having been employed in stimulating the skin and kidneys—the convulsions still continuing with increased severity, I injected  $\frac{1}{2}$  of a grain, thinking my previous dose had not been enough. I was greatly mortified to find that this only aggravated the condition, and I abandoned morphia and resorted to rectal injections of chloral and bromide, with the happiest effects. I had secured a specimen of her water after the first convulsions and found it free from albumen, nor was there any reason to suspect its presence at any time during pregnancy. The other two cases of this group resembled this one in the essential features of the absence of albumen or any suspicion of renal insufficiency. These cases are classified by some of the German writers as “acute epilepsy or eclampsia convulsions.” In my experience morphia was entirely inoperative in their treatment.

Within a few months a young woman I was engaged to attend was seized with convulsions in her eighth month. Bromide and chloral were first tried, but without avail;  $\frac{1}{4}$  grain of morphia was twice injected within two hours without the slightest effect in controlling the convulsions. The condition was now getting very serious—the temperature 104 and the pulse 150—and it was decided to deliver the child. This was done as rapidly as possible, and a severe hemorrhage was with difficulty controlled by pressure and ergotal. After the birth of the child this patient had two severe convulsions at about four hours' interval; both were readily controlled by  $\frac{1}{4}$  grain injections of morphia, and the second was the last. In this case morphia was perfectly useless before the birth of the child, and completely efficient afterwards.

These cases are too few in number to build up a theory on, but, occurring as they did all under my own observation, they have made a deep impression on me, and may serve to explain to some extent the conflicting experience of different observers. I have made it a practice for some years to examine the urine from time to time in cases I was responsible for, and have been surprised to note the comparative frequency with which