

the os having fully dilated I effected delivery per forceps of a male child weighing $8\frac{1}{2}$ lbs.; patient came slowly out of the comatose state, and could remember nothing, not even of the beginning of her sickness; after a little flooding and loss of vision, which last only went away after two weeks, she came round, and in a month was perfectly well.

In this case a bottle of urine left with me gave all the signs of albuminuria, the urine being viscid and frothy, and heat, nitric acid and other tests shewing albumen in large quantities; she also passed urine in abnormally large quantities for some time after.

Case No. 3.—Mrs. S. St. A., of Actonvale, sent for me to see her about latter end of January 1877; she was then about eight months pregnant, of her first child, (had incurred a miscarriage some time before, at 4 months, and had lost a good deal of blood). She wished to consult me about her water; was daily passing two to three chamber pots full, colour clear yellowish, and viscid, depositing upon standing, a yellowish sediment; I prescribed tonic medicine, and advised rest for the patient, and told her mother I feared she would have a very severe labour; that I dreaded puerperal fever, or convulsions. Upon testing the urine it presented all the characteristics of being highly albuminous.

On Sunday night, I think the 3rd February, I was sent for, and on my arrival at 9 p.m., found her in labour, first stage, os slightly dilated; head in first position, and everything as regards soft parts, bowels and bladder all right; she was vomiting severely, I gave some chloric ether and paregoric; returned to my office, tested some urine which I brought with me, and found it similar to that of cases 1 and 2. Saw her again at 11.30 p.m., labour rapidly advancing, and at 12.15, she was delivered of a male child weighing 12 lbs. I left her in good condition, excepting some headache, for which I gave chloral hydrate. Monday the same day I went to see her, found her pretty well; had some severe after pains; had passed a great deal of water; discharge all right; complained of headache, pains running down the neck, gave bromide of potassium and left some chloral for the night. Tuesday morning I found her about the same, excepting she looked very much exhausted, in fact the look of weak-

ness and exhaustion surprised me, as she had not had a hard labour; I felt anxious and said I would return at midnight. I might add that the pulse and temperature were but little above ordinary; was called the same night about 12 a.m.; patient in violent convulsions and presented a frightful aspect, had undergone 4 attacks while they were seeking me; tongue badly wounded. I sent for Dr. Mignault, on my arrival. who advised injections of chloral; and I immediately administered an injection of 60 grains, with no effect; using the syringe brought on a paroxysm, which continued every ten minutes, (before they had occurred about every thirty minutes), I determined to give chloroform, and put her under its influence, and so she remained about six hours, when I gradually withdrew it, and as she shewed no signs of returning convulsions, I left her without it, and they never returned; and after eight days of total blindness; great exhaustion and headache, she gradually got better, and is now well enough, but very weak. I gave nothing but bromide of potassium for the loss of vision and headache. The milk came slowly, and she now nurses her child, but has not much milk.

The above three cases all presented the same symptoms before and after delivery, (1) intense occipito-frontal headache, pains radiating down the neck to the back, (2) severe vomiting before and during labour, and this vomiting was severe from the commencement of pregnancy, (3) the peculiar state of the kidneys resulting in copious secretions of highly albuminous urine, with pain in the back and loins and general weakness and hebetude.

Is the albuminuria dependent on the convulsions, or is the convulsions an effect of the state of the kidneys? Why do some women only suffer from these convulsive attacks, while the great majority remain free? Again, eclampsia does not belong to Bright's disease of the kidneys, excepting towards the last. Why does pregnancy call forth the eclampsia? Is there a certain state of the nervous system, of the blood, or a peculiar diathesis, which predisposes to eclampsia during pregnancy, and which only seems to manifest itself at that time by certain peculiar symptoms, such as convulsions, etc., etc., etc.?

I trust the above cases may be worth perusal, in the last only I succeeded in getting a consul-