what I then thought was a very important step, I availed myself of the experience of my friend and colleague, Dr. Kennedy, who agreed with me as to the necessity of taking action, but who thought it better, on account of the enormous distension of the genitals and the occlusion of the passage, to make one final effort to reduce the amount of exudation in the skin. We accordingly gave her forty grains of compound jalap powder night and morning, which produced about a quart of watery evacuations daily, and a quarter of a grain of pilocarpine every four hours, which, however, produced no effect whatever on the skin. As I feared that convulsions would come on before long, the amount of urine passed not exceeding a gill daily, I left a bottle of A. C. E. mixture with the nurse, with instructions to use it if they came on. She gradually grew worse until about two weeks from the time I first saw her, when the accumulation of the toxic agent caused an explosion of convulsive movements of the most violent description, which were, however, easily controlled by the aid of the anæsthetic. Dr. Kennedy again met me in consultation that afternoon, and we decided that prompt action was imperative; so we rendered her completely unconscious, dilated the os with the finger, and without much difficulty delivered her of a living and dead fœtus—the former by the forceps, the latter by the feet. There must have been nearly three gallons of amniotic fluid. She rallied well and felt much relieved, but an hour later the convulsions returned with increased severity. She remained quite unconscious all evening until eleven o'clock, when she was induced to swallow twenty grains of chloral, which was repeated three times during the night, with the result that the convulsions ceased at three o'clock next morning and did not since return. But she did not remember anything of what occurred during the time commencing two days before the convulsions began and ending a week after delivery. Her vision, especially, remained very disordered, not being able to see *distinctly* the things which she did see, and believing that she saw many objects which did not exist. For instance, she was quite sure that she saw a little boy standing on the bureau breaking dishes. Three days after the delivery symptoms of puerperal mania became very marked. She asked for a knife with which to kill a man, whom she supposed to be in an adjoining room, and it required the united efforts of three people to keep her in bed. During all this time the kidneys continued to act very freely, as, indeed, they began to do an hour or two after the uterus had been emptied. On the seventh day she became so violent that it was no longer safe to keep her in the house, as neither chloral, morphia nor atropia had any effect. On the eighth day I gave her a large dose of bromide of sodium, after which she began to talk in a rational manner, saying that the medicine had done her good, and inquiring as to the nature of her illness, and how long she had been ill. Unhappily this improvement only lasted a few days, and shortly afterwards she again became so violent that I was constrained to order her removal to Longue Pointe Asylum, where she now is, after a year's detention, a lunatic. Her features have completely changed, and although quiet and docile, she evinces many of the characteristics of puerperal mania. She cannot bear to see her husband or any of her former friends, although she does evince pleasure at the presence of her little boy. What is being done for her cure I am unable to say, but I fear that her recovery is at least doubtful, at any rate remote.

Sir James Y. Simpson was of the opinion that puerperal mania was the direct result of the temporary disease of the kidneys, and although many able authorities differ from him in this view, I am inclined to believe that the mania is an evidence of the co-ordinating cells of the nerve centres having been bathed for a considerable time in very poisonous blood, and that the relation of albuminuria, uræmia, puerperal convulsions and puerperal mania may be stated as follows:

A moderate amount of renal congestion causes albumen to appear in the urine.

A greater amount of renal congestion causes the albumen in the urine to increase and the normal quantity of urea in the urine to diminish, and at the same time the urea being retained in the blood and bathing the nerve centres causes headache, disordered vision, etc.

A still greater amount of urea in the blood and of albumen in the urine causes poisoning, and at the same time starvation of the nerve centres, and dropsy of the brain to such as extent that irritation is set up and convulsions ensue.

And if this condition continues for a considerable time the nerve cells are seriously altered in nature, so that even when the cause is removed they can with difficulty or not at all recover their normal functional activity. But as no one can tell