

digital dilatation. Two doses of chloral were given per rectum, and chloroform used as required. The patient made a good recovery, the urine rapidly clearing of albumen in about five days, a mixture containing iron, digitalis and strychnia being given.

Dr. Garrett believed that the pathology of this complication of pregnancy was still far from being satisfactory; the presence of toxines in the blood being to-day the theory which received the most ready acceptance. From personal clinical observation there were two distinct conditions which gave rise to the presence of albumen in the urine of pregnant women. One, a condition of supernalbumenosis alone, brought about by an increased ingestion or a more perfect appropriation of protein substances, aided in many cases by pressure on the renal veins and vena cava, thereby retarding the circulation in the kidney. In this condition eclampsia was not likely to appear. The second condition was that of albuminous nephritis in which under certain circumstances such as cold, mental impressions and the like, the hyperæmia was increased so as to represent a state of inflammation, in which case not only albumen would be found, but casts, etc., as well. Here eclampsia is very likely to occur. The necessity for examining the urine of a pregnant woman for sugar as well as albumen was strongly dwelt upon, as he had a case die from eclampsia at full term in which there was no albumen in the urine but there had been about ten grains of sugar to the ounce for the previous four months. No notice of diabetes being a complication of pregnancy appeared in any of the text-books, and the knowledge of such in pregnancy is very scant. J. Mathews Duncan, in a paper on "Puerperal Diabetes" read before the British Obstetrical Society, reports some twelve or fifteen cases, apparently all he could gain access to, and from these he concluded that diabetes may come on during pregnancy—that it may occur only during pregnancy—that pregnancy may be interrupted in its course by it, but in almost every case the results were sooner or later disastrous to the patient.

Dr. Wood referred to a case of eclampsia in a multipara. The convulsion came on with labor at full term, a rapid delivery was accomplished, chloroform used during the convulsive paroxysms and chloral hydrate given per rectum. Eight hours after delivery the convulsions ceased and the woman made a good recovery. In a second case, a primipara, convulsions set in about the eighth month, premature labor was induced, the treatment was the same as in the other, but terminated fatally in 24 hours. The temperature rose with every convul-