

it through a large needle, so I desisted from further attempts to get any blood, and gave 1,000 c.c. of sterile normal saline under the breasts. The convulsions ceased, and I gave one-quarter of a grain of morphine sulphate. One minim of croton oil had been given by the house surgeon before my arrival. A hot pack was given for thirty minutes, and enemas were more or less successful. At 8 p.m. Dr. McPherson, the house surgeon, was able to get four ounces of blood from the left arm. The blood clotted at once, and the superficial veins of the arm thrombosed. This precluded further attempts and the wounds were dressed properly after each incision. Repeated examinations failed to show any fetal life. At 8.30 Dr. Macdonald and myself saw the girl again. The cervix was still hard, but would admit the tip of one finger in the external os. A hot one-per-cent. lysol douche was given, and at 11 p.m. Dr. McPherson put in two glycerine ichthyol tampons. At midnight another 1,000 c.c. of saline were injected. The bowels now began to move freely, and at 3.15 a.m. the head presented, and Dr. Hollis, our senior house surgeon, expressed the fetus, and shortly after the placenta and membranes. Very little blood came away and the uterus firmly contracted. The patient was very much better and slept during the early morning. Rectal enemas were now given of water, and the patient was given one ounce of magnesium sulphate. The urine increased to twenty ounces in the twenty-four hours. On December 9th, 1914, the urine was cloudy still, acid, 1021 sp. gr., loads of albumin, no sugar, granular and hyaline casts, red blood cells, leucocytes and epithelium. December 13th, urine clear amber, albumin present, but less red blood cells. December 19th, urine clear amber, 1023, no albumin, no sugar, a few red cells and epithelium. The patient sat up on the seventh day and made a very good recovery.

(2) Miss Hilda S., age 21, Finlander, primipara, admitted March 26th, 1915, at 7.30 p.m., in labor. Normal delivery of a seven-pound female child; very little blood was lost; a slight laceration of the mucous membrane occurred. I saw her for the first time just after the birth of the placenta. She had been given chloroform as the head was coming over the perineum. I felt her pulse and there was no abnormal tension. So far as I know no analysis of the urine had been made, though I had assumed that it had and everything was normal. At 1.30 a.m. the patient complained of a severe headache, and was given aspirin. Of course, the urine should have been examined by the