

with definite uræmic manifestations. He has no satisfactory theory to advance.

With regard to the second case, a IV-para, æt 30, at full term, the general interest centers in the large number of fits, a total of 207, 199 during the puerperium, and 8 before delivery. She was admitted after having had some 7 fits in the course of a day and a half. She was under the influence of alcohol, was dazed and stupid. Her pulse was 100, and her temperature was 99.5. The vertex presented, and the os uteri admitted one finger. The urine contained a cloud of albumen with some epithelial cells, but no casts. The usual treatment of saline transfusion and salts, with hot packs resulted in a good reaction. Two days after admission she passed 50 oz. of urine, the albumen having reduced in amount. Delivery occurred spontaneously, and twenty-four hours succeeding it the patient passed 110 oz. of urine. Forty-eight hours after delivery, having previously complained of headache, she developed a fit, which was followed afterwards by two others. In spite of very active treatment, such as gr. $\frac{1}{2}$ of morphia, followed in two hours by gr. $\frac{1}{4}$, which caused the respiration to fall to 10 per minute, the convulsions continued to occur every ten or fifteen minutes. The pulse and bladder acted freely, and the patient was twice bled, but the fits were not controlled. Lumbar puncture was next carried out but nothing was developed, the culture proving sterile. Later on in the same day lumbar puncture was again performed and gr. $\frac{1}{2}$ of cocaine injected, which seemed to quiet the patient a little, but the fits had not diminished in frequency till eight hours later, when improvement set in. Feeding was carried out by means of a stomach tube and was confined to peptonized milk. Strychnine and brandy were used as was indicated. Urine was secreted in which the albumen was 2 per thousand (Esbach). The temperature for the first two or three days was elevated.

In all the case persisted for ten days. The fits were nearly all severe. The coma between them was not profound. The complete recovery which followed shows that there could not have been any brain lesion nor was the patient an epileptic.

In comment on the case the author refers to the energetic treatment, to the failure of the saline transfusion, and particularly of the morphia. With regard to the lumbar puncture and the injection of cocaine, while it seemed to soothe the patient and her recovery may have been (due to it, he feels it is impossible to definitely hold this opinion. He believes that the extreme activity of the kidneys and the good condition of the heart were what carried her through. Good nursing, he thinks, largely contributed to the satisfactory result.