2. State your diagnosis between a presentation of the hand, or arm, and that of the foot, knee or hip, and the proper management of each.
3. In retarded delivery of the head, in a footling case, what benefit would you expect to derive from depressing the chin of the child down towards its breast?
4. Which form of puerperal convulsions do you regard as the most dangerous? State your treatment of such cases, also why it is important that you should, if possible, ascertain the character of the urinary secretion, and the general health of all women by whom you may be engaged for obstetric attendance.
5. Give the symptoms of the several stages of acute hydrocephalus in children.
6. State your diagnosis between small-pox and measles, or scarlatina, and the respective dangers of each, with the periods of their incidence.

OPERATIVE MIDWIFERY.—JOSEPH WORKMAN, M.D., *Examiner.*

1. Describe the conditions of a labour which you may regard as not only warranting, but also as demanding the employment of the forceps; and state why it is that forceps delivery is least harmful where it is least required.
2. What precautions should be taken before introduction of the forceps, and what in the introduction? Why should you use traction only during pains, and what should be the direction given to the handles in the progression downwards of the head, and in its final emergence?
3. A delivery by podalic version, why is it important that particular attention be given to the direction of the feet of the child? State under what circumstances it may be dangerous, or impossible, to change the direction taken by the feet.
4. Describe the process of craniotomy, and state the circumstances which render this alternative imperative.
5. In which sort of labours—the finally very slow, or the very rapid—is laceration of the perineum most likely? State the precautions to be taken to avert this serious accident.
6. In cases of retarded expulsion of the placenta, how will you ascertain that the delay arises from simple detention by the contracting uterus, and not from abnormal adhesion?

Original Communications.

ALBUMINURIA IN PREGNANCY.

BY J. A. MULLIN, M.D.

President, Hamilton Medical and Surgical Society.

Having some notes of cases where albuminuria took place in connection with pregnancy, it may be of interest to bring them before this Society. The first case occurred in 1868. Before this, I had been in practice about seven years, and had attended a good many cases of midwifery without seeing any patient suffering from this complication. When I say the first case, I refer to the first in which convulsions took place, for it is very probable that in many cases the urine was albuminous, as œdema of the face and extremities is frequently noticed in cases, although convulsions do not occur. Rosenstein states that convulsions take place in but one-fourth of all cases of nephritis. It is probable that where œdema of the face and extremities is present, the urine is albuminous, but I have not verified this, for in practice we do not have an opportunity to examine the urine in many cases, for the most part, only in those where important symptoms arise.

I find by a reference to Churchill that in 103,537 cases of labour there were 172 cases of convulsions, or about one in 602 cases. The proportion seen by different practitioners varies greatly. Dr. Churchill notes two cases in 600 labours; Dr. Granville, one case in 640 labours; Dr. Bland, two cases in 1,897 labours; Mad. Boivin, 19 cases in 20,357 labours, or about one in a thousand.

Braun states that in Vienna 44 cases of convulsions occurred in 24,000 labours, and Bartels, Ziemssen's Cyclopædia, concludes that nephritis occurs in the proportion of one case in 136 cases of pregnancy.

No. 1.—This patient, aged 35, had been very ill in a pregnancy which was ended by a miscarriage about two years before. She then resided in one of the Eastern States: I could learn very little of this illness; she had told her friends that the physician in attendance had predicted that if she became pregnant again it would be fatal to her. I was called to her bedside before seven a.m., at about the sixth month of pregnancy, on account of a fit: the spasm had ceased before I arrived, and she was somewhat conscious; I introduced the catheter, and found only a small quantity of urine in the bladder (one ounce). This, on being boiled, was thick with albumen. I waited with her for some time, but as no spasms took place, left her, having recommended means to promote perspiration. Labour pains came on at intervals, and I