

At midnight her pulse was 150, has had 2 fits since 8 p.m. A hypoderm of sulphuric Ether was given but she died half an hour afterwards.

The autopsy was performed 12 hours after the death of the patient.

The brain weighed 1152 grains. The dura-mater was non-adherent. Vessels over superior surface of the brain were distended. The superior surface of the frontal lobes in front of the fissure of Rolando, was covered with extravasated blood, which extended down into the Sulci. On the left side the extravasation extended back over the post lobes. On this side, immediately behind the as. par. convolution, a dark clot was seen which measured 6c. in a transverse direction by 1c. wide, and extending down to within 3c of the fissure of Sylvius. Dr. Wilkins, whom I have to thank for kindly preserving the specimens for me, made sections of the brain according to the method adopted by Pitres. The prae front section and the pediculo-front section were normal. The frontal section contains the ant. wall of the cavity made by the clot, which involves the corticle portion to the extent of 3c. The parietal section contains the whole of the clot, which is pretty firm, and measures 4c. x 4c. The walls of the cavity containing the clot are soft and easily broken down by a stream of water. No blood effused into the ventricles.

Pediculo-parietal section normal. The kidneys were a little enlarged and pale looking. Capsules both adherent. Section shows granular condition.

I did not see this patient until she had been for some time in labour, and she had no preparatory treatment. Though from all I could learn she never had had any swelling of feet or face, had never complained of headache or pain in stomach or disorders of vision. There seemed to have been nothing to arouse suspicion of a liability to eclampsia. How far appropriate treatment, had the condition of her kidneys been recognized, might have gone to prevent her convulsions and control hemorrhage I am not prepared to say.

The diagnosis was not very clear. That there was pressure of some kind was evident from the persistent and deepening coma, but there were no symptoms by which the exact lesion and its precise situation could have been definitely told. I am inclined to think that the hemorrhage had already begun when I first saw her and she complained of the numbness in the right shoulder with loss of power in right arm.

CASE No. III.—On the 15th September, 1882, I was called to see Mrs. S., æt. 35, who was in, she thought, the 8th month of her second pregnancy. Her first child was born six years ago. Has never had any miscarriages. Has enjoyed fair health, with the exception of pretty severe attacks of migraine, which occurred generally about every two or three weeks. I was told that a few hours before my arrival she had had a convulsion. During my visit I saw her have a second characteristic puerperal convulsion. There were no signs of labour coming on. The os not at all dilated. Fœtal heart distinctly heard.

The patient complains of severe headache, and is vomiting a green fluid which she says is bitter. Urine tested, and found to contain about 50 per cent of albumen. I at once gave chloral hyd. 3i per rectum.

In this case I was fortunate in having a particularly intelligent nurse, whom I instructed to inject 3j of chloral into the rectum immediately, whenever she noticed nervous twitchings of hands, or if the patient complained of headache, dimness of vision and epigastric pain. In this way the patient was kept for three weeks and then confined without a recurrence of the convulsions. The chloral was sometimes given two or three times in 24 hours, and sometimes two or three days would pass without any chloral.

Batley's Sed. Sol was once substituted for chloral, but the urine diminished in quantity during its use, and it was abandoned. Diuretics were given continuously, and occasionally a drastic purge, but the urine never contained less than 30 per cent albumen, until 48 hours after delivery when it did not contain a trace. It recurred, however, and did not finally disappear entirely for two or three weeks. The child was born alive, and both mother and child did well.

This case is of interest, as it bears on the question of the induction of labour with appearance of eclampsia. This woman went on for 22 days after she had had two pretty severe puerperal convulsions, and then gave birth to a living, healthy child. Again, in this case at least, the markedly uræmic state of the mother during the last three weeks of gestation had no injurious influence on the child, as when it was born it was well nourished, and has done well since.

In the first case, after two long convulsions, the child was still-born, favoring the idea that the