

not dilated larger than a fifty-cent piece, in which he managed to deliver the child in twenty minutes.

Dr. Ross said that in certain cases in which the system was thoroughly vitiated with the poison, any form of treatment could not save the patient. It was natural for the uterus to abort in cases of eclampsia. But even if this natural indication followed, the gratifying results reported in the text-books would not always follow. Certain of these cases were accompanied by rupture of a cerebral vessel. Such cases obviously would not yield to the ordinary form of treatment.

Dr. OLDRIGHT was not sure whether the liver was much at fault in these cases. He had not seen any cases of puerperal eclampsia without albuminuria. In all cases where he had taken the precaution to examine the urine and treat albuminuria when present, the patient had escaped convulsions. There was one point in which he differed from Dr. Wright, that was in the use of diuretics. He had repeatedly found that after the administration of acetate of potash in fifteen to twenty grain doses every two hours until an effect was produced (if the patient's stomach could tolerate it), and after that four times a day, the albumen was very much diminished. The speaker presented a specimen of urine taken from a patient after treatment in which boiling produced no deposit of albumen. He also spoke of the beneficial use of baths.

Dr. OAKLEY thought that very often we interfere too much in these cases. The activity of the treatment sometimes, he believed, aggravated, instead of relieved, the condition.

Dr. J. C. O. HASTINGS was not sure that the production of abortion in cases of albuminuria was not more nearly right than was generally believed. He thought the first indication was the appearance of retinitis. He advocated the saving of the mother's life by timely interference. It was easier to make an infant than a mother. Another point of justification of early interference in these cases was that its termination conserved the mother from permanent Bright's disease, which he doubted not, often followed the attack of pregnancy. He thought the use of diuretics was very misleading, because after their stimulating effect there was a very much increased amount of water passed, which, of course, on examination showed less in quantity comparatively than before, whereas the total amount might be equally as great. He referred to the history of three cases he had had, two of which had died. He advised the use of chloral during the convulsion, to be introduced, if necessary, by the stomach tube. He had seen veratrum viride for ten or fifteen minutes as recommended, to reduce the pulse rate, but in this case it did not succeed in doing so.