

and bearing down pains also were in evidence. Fearing an outbreak of eclampsia at this time she was again put on milk diet, and her bowels, kidneys and skin actively acted upon.

At this time some blood was found in the urine. She was delivered on November 23rd, at 11 a.m., but the day before she had a temperature of 100 degrees, pulse 118, foul breath, and sordes on the teeth, urine thick and scanty. She was in labor for sixteen hours, and finally the application of the forceps was necessary to deliver the child, the mother having become completely exhausted. After delivery the fourchette was found to be torn, and there was also a slight laceration of the lower back part of the vagina, no doubt caused by the instrument.

The usual toilet after modern methods was made. The next day after confinement the temperature became normal, pulse 100, and everything went well until the evening of the sixth day when the patient had several chills, and on the following morning the temperature reached 104 degrees. Then followed one week of a mild type of bed fever with its ups and downs, principally ups. On the 29th of November—that is, at the commencement of the fever—the urine showed the following analysis: acid, specific gravity 1036, urates in excess, albumen one-half, thick and cloudy.

Present condition: On December 7th urine as follows: acid, specific gravity 1020, albumen one-tenth, high-colored, urea 2.9 per cent. Temperature normal. December 10th—urine acid, specific gravity 1018, albumen one-tenth, urates in excess, cloudy and high-colored. Temperature 100 degrees, still weak, but convalescing slowly. She is troubled sometimes with a cough, but I can find no signs in the lungs of impending phthisis. Is still confined to bed, appetite poor, and no ambition. The paralysis has almost disappeared.

This case, I believe, is an example of a class which in our time is far too numerous. A young girl becomes pregnant, feels herself disgraced and leaves home, has neither money nor friends, is neither fed nor cared for properly. Under these conditions she is unable to sustain the extra amount of work thrown upon the system which becomes impoverished; her blood becomes hydremic, which I think is the first pathological lesion, and the other diseased conditions, including the affection of the kidney, follow. Should such a person again become pregnant under favorable circumstances albuminuria would not likely return.

The peculiar features of the case are the presence of a large goitre, which since her confinement has decreased in size about one-half: the extensive kidney lesion, as shown by the great quantity of albumen, casts and blood; the excessive amount of edema at seven months over the whole body; the toxic paralysis; the fortunate escape from an attack of eclampsia; the unfortunate advent of bed fever.