

at the extremity of the coccyx, especially when sitting. After being married eighteen months and not becoming pregnant, she consulted a medical man, who found an elongated conical cervix uteri with a pin-hole os, narrow canal, and some anteflexion. This condition was corrected by Dr. Temple, whom she consulted in January, 1889; and after being under his treatment for some months, as a result she became pregnant about November, 1889. For some years she used to suffer from severe headaches two or three times a week, usually accompanied by nausea. The bowels generally were constipated. She felt much better in every way, however, during the first four or five months of pregnancy.

History of present illness: I saw her first on July 21st, 1890, about 11 p.m. She thought she was about the end of the eighth month of pregnancy, and had not been feeling as well as usual for over a week. She had had very severe headache, with sometimes vertigo and muscæ volitantes. She complained also of lumbar pains, heart-burn, nausea, and occasional vomiting. She was very anæmic, and there was a certain amount of general cedema, more marked in the lower extremities. She thought she was passing a normal quantity of urine. Her pulse was weak. She said she perspired easily and freely. An examination of the urine at this time gave the following result: Color, light yellow, muddy; reaction, acid, sp. gr., 1.025; albumen, on heating, almost solid; *deposit*, granular casts, vaginal, vesical, and renal epithelium.

I gave general directions about diet, recommending milk freely, but abstention from other nitrogenous food as far as possible. Fish or beef was allowed once or twice a week. The bowels were to be kept free with salines, and I ordered her to drink every day a pint or so of water in which was dissolved potass. bitart. $\bar{5}$ i. I prescribed also tr. ferri perchloridi *M.* xxx., tr. digitalis *M.* v., *ter in die*.

July 29th. Found considerable improvement, no bad symptoms. Urine, light yellow, muddy, acid, sp. gr. 1.012, 47 ozs. in 24 hrs.; albumin, over $\frac{5}{8}$; *deposit*, a few hyaline casts, some pus.

Aug. 1st. Symptoms continue good. I discontinued the digitalis, and gave tr. ferri perchloridi *M.* xxx., tr. quassiae *M.* xx., *ter in die*. The cedema of the face and upper extremities

has almost disappeared, though still present in the lower extremities.

Aug. 4th, 3 p.m. She has had some diarrhoea and colicky pains, which I thought might be accounted for by the fact that she eat some green corn yesterday. Otherwise she continues better. Urine, yellow, muddy, acid, sp. gr. 1.019; albumen, less than $\frac{1}{2}$; *deposit*, granular and hyaline casts, with some pus. Midnight—Summoned suddenly, and found her suffering intense pain from colic, with vomiting, which had come on two hours before. No indication of labor commencing. I gave her morph. sulph., gr. $\frac{1}{3}$ hypodermically, and she soon got complete relief from the colic; but it left her with a very severe headache and occasional vomiting, for which I ordered bismuthi subnit., gr. vii. ss., ac. hydrocyan dil. *M.* ij., every two hours; and cold to the head.

Aug. 5th, 4 a.m. She had a convulsion. I saw her between six and seven a.m., when she had had five convulsions, and now she had another typical one, with pupils somewhat dilated. I gave her morph. sulph. gr. $\frac{1}{3}$ hypodermically. The os uteri was not at all dilated. I sent for Dr. Temple in consultation; he arrived shortly after 7 a.m., and we determined to empty the uterus. The foetal heart could be easily heard. Chloroform was administered, the membranes were ruptured, and the cervix was with great difficulty dilated so as to admit of the application of the forceps, and she was delivered of a dead female, eight months foetus, about two hours after dilatation of the cervix was begun. It was a head presentation in L.O.A. position. The placenta and membranes were adherent, and were removed by the hand in the uterine cavity. There was very little hemorrhage. An intra-uterine douche of corrosive sublimate, $\bar{1}$ in 5,000, was given. There was a good deal of bruising of the soft parts, and a laceration of the posterior fourchette extending up the mucous membrane of the vagina for about one and a-half inches. Three silk sutures were introduced, and, after washing off the external genitals with the corrosive sublimate solution, a napkin and binder were applied, and the uterus contracted well. She was still comatose, with the pupils strongly contracted, and temperature 97.6°F. Ice was applied to the head, and a hypodermic injection of pilocarpin hydrochlor., gr. $\frac{1}{4}$, given