

puerperal convulsions" (Braun on Puerperal Convulsions, translated by Dr. J. Matthews Duncan, page 32). We cannot, at present, attempt to follow Dr. Braun through all the arguments which he advances in support of his position. There can be no doubt that the weight of evidence is in his favour; at the same time, the opinions of such men as Marchal, Liebert, Depaul, Legroux, L'Huillier, Stollitz, and Scanzoni are not to be lightly laid aside. Cases such as the one above related, in which there is eclampsia, without any evidence of renal disease, may be rare; nevertheless they do occur, and they go far to lessen the importance of Bright's disease as a cause of puerperal eclampsia. Moreover, it is admitted by Dr. Braun himself that, "As regards the *proximate* cause of the uræmic intoxication in Bright's disease, conjectures only can, at present, be expressed; for acute Bright's disease is not always accompanied by uræmia and eclampsia. Of 100 cases of acute Bright's disease only from sixty to seventy are seized with uræmic eclampsia.

"Of cases of eclampsia eighty per cent. occur in first pregnancies, in which, on account of the greater resistance of the abdominal walls, a powerful counter-pressure on the kidneys is generally produced.

"In cases of repeated pregnancy the pressure connected with a pleural pregnancy, with depressed pelvis, hydraminos, large size of the fœtus and a high position of the womb are frequently met with where eclampsia occurs." (Duncan's translation, pp. 22 and 24.)

Dr. Braun's researches have undoubtedly thrown great light upon this intricate and most important subject, nevertheless much remains to be done before the pathology of puerperal eclampsia is thoroughly understood.

In conclusion, with regard to the question of treatment, I wish to make a few observations.

In the case of Mrs. C., the chief means resorted to were chloroform inhalation and the artificial induction of labour.

The medical treatment recommended by Dr. Braun is the same, whether the eclampsia occurs in pregnancy during labour or in child-bed. He says, "The chief object to be attained is to diminish, as much as possible, the reflex excitability, to weaken the paroxysms, in order to diminish the dangers and to gain time for entering upon rational treatment. In this respect we have observed results from chloroform-narcotism which have surpassed all expectations. In uræmic eclampsia, the chloroform-narcotism is to be induced instantly when indications of an impending paroxysm show themselves—as great restlessness, increasing rigidity of the muscles of the arms, expiry of the intervals between former paroxysms, fixity of expression, or tossing hither and thither.