

acted, and a diuretic mixture. In the evening, had been freely purged; consciousness improved and no more seizures; ordered a chloral enema and pulv. jalapæ co., by mouth. On the 8th she was better, pulse fuller, and some secretion of urine, increasing through the day; vomiting had ceased and some milk was obtained. The improvement continued daily, but urine continued albuminous for a considerable time. In a fortnight she was sitting up, her recovery being delayed owing to the condition of the tongue which had been badly bitten; a milk diet and iron were administered. She had felt no fetal movements since the attack. On the morning of the 10th October, she was confined of a dead fetus after an easy labor, and made a slow but perfect recovery, and is now enjoying excellent health.

CASE II. Mrs. B., primipara, married in Feb., 1885, was taken ill on Sept. 10th, 1885, with convulsions. When I saw her at 6 a.m., she was in a semi-unconscious state, had two seizures since 5 a.m.; had been ill all night, with vomiting and headache, pain in the back and discharge of liq. amnii; legs œdematous, and of late, face had been swollen and general malaise; pulse rapid and rather full. I gave $\frac{1}{2}$ gr. morphine hypodermically, and ordered strong purgatives. At 11 a.m., had two fits in the interval, not so severe; coma deeper. On vaginal examination, head was felt at the brim, os dilated and soft; gave a chloral enema. At noon os was more fully dilated, and, as another fit had taken place, applied Simpson's axis traction forceps, gave but a small quantity of chloroform as coma was deep, and delivered her of a full term living child with some difficulty. There was slight post-partum hemorrhage. There were no more convulsions and consciousness began to return. A diuretic was ordered and next day a pint of high colored albuminous urine was passed. After this the flow became abundant and the patient progressed rapidly and made a good recovery. The infant had several convulsions after birth, on the first day, but survived.

CASE III. At 2 a.m., Dec. 5th, called to Mrs. C., secundipara, in the ninth month of pregnancy. Her father died very suddenly on the previous evening; she had visited his home afterwards and when there was taken with severe epigastric pain which continued after her return home. She had been unable to give vent to her feelings in the

ordinary way and was complaining also of severe headache. Her previous health had been excellent and there was no indication of albuminuria. Labor had not set in and she was ordered a chloral and bromide draught. At 11 a.m., said she was better, but still had severe headache and epigastric pain. At 2 p.m. there were seizures of labor, and she was delivered at 4 p.m., easily. Chloroform was given; there was no hemorrhage and uterus was firm. At 8 p.m. complained of violent headache and loss of vision followed in a few minutes by a violent convulsion. I gave a $\frac{1}{2}$ gr. morphine, hypodermically, at once. At 10 p.m. had another seizure and was ordered a sedative draught. I did not see her during the night, owing to some mistake of the nurse who could not get a messenger, but at 7 a.m. was called to her, and was told that she had a succession of fits through the night alternating with periods of maniacal excitement, throwing herself about and trying to get out of bed. At this time she was very pale and haggard, pulse over 100, and weak, passing urine unconsciously. Gave another hypodermic of morphine, followed in half an hour by a chloral enema, as convulsions continued. After this she slept for two hours, when the enema was repeated, as patient was again getting restless. Urine passed freely, contained no albumen. She was kept under the influence of chloral, and when I saw her in the evening was conscious of her immediate surroundings, but had no recollection of the birth of her child or death of her father. She was kept in ignorance of this latter fact for a week afterwards, when as she was worrying with the idea that something was wrong, the news was again broken to her. Even after this she had no recollection of the events of that evening, except that she went to her father's house. She made a slow but good recovery. In this case the patient had enjoyed good health up to the time of her confinement, which was somewhat premature, and there was no reason to suspect any renal mischief before or afterwards. The eclampsia seems to have been brought on by purely mental causes, operating at a time when the nervous system was excited and strained. The attacks were as violent and epileptiform as any I have ever seen. Such cases are, I believe, of the rarer forms of eclampsia in the puerperal state, but their existence cannot be denied.