quite comatose. Later on in the evening she could be aroused to consciousness, and at one time gave a hopeful sign by opening her eyes, speaking to and recognizing her friends. Examination of the urine at this time showed that *two-thirds* of it was albumen. We may state that she vomited freely several times during the afternoon. In consultation we discussed venesection, but the pulse remaining small and rapid, we decided against it. Gave an enema of ʒi. chloral hydrat. in solution, which was immediately rejected. Sweating and salivation still continued profusely and was kept up by repeated doses of the pilocarpine, as we both looked upon this drug as our sheet anchor, and the termination of the case proves that we were not disappointed, as to this remedy no doubt the patient owes her life. The salivation and diaphoresis were prompt and continuous, and began in each case in about fifteen minutes after each dose, and no doubt was aided by the hot applications which have already been mentioned. There were not in this case any of those alarming symptoms which are said to arise from the use of pilocarpine, such as threatened suffocation from the amount of bronchial secretion, etc.

At 6 p.m. the alarming symptoms having all passed away, the pupils being dilated, and the albumen having diminished greatly, we administered hypodermically gr. ¼ of morph. sulph. and subsequently gave ʒi. of potas. bromid. in ʒij. of water which was retained. Shortly after this she passed into a quiet sleep lasting over an hour, during which time she perspired profusely. Between 8 and 9 o'clock we made another examination of the urine and found that albumen was scarcely *one-half* of what it had been at the previous examination. The respirations at 9 p.m. were reduced to 24, and the pulse to 100 per minute. We looked upon all the symptoms as most hopeful, and as there were no indications of returning convulsions we left her for the night.

The sequel will show that our most sanguine expectations in this respect were fully realized. Visited her next day, and put her upon a diuretic mixture; found the albumen very much diminished, and all the symptoms very much improved. Saw her again on the 12th, and likewise on the 13th, when I discontinued my visits, as the albumen had almost entirely disappeared and the patient was doing well in every respect. The milk was secreted at the usual time, and both mother and child made an excellent recovery.

REMARKS.—I. We believe the principal, if not the only cause of the albuminuria in this case was tight lacing, which was resorted to for obvious reasons. The gravid uterus would be pressed back upon the renal veins, abdominal aorta, or even up above on the ureters themselves, with the result stated.

II. The foregoing being the predisposing cause, we believe mental emotion to be the exciting cause, as she was shocked at the idea of having a child before she had been married the usual orthodox time, and when she was pronounced to be in labor, she never spoke nor uttered a cry during all the time she was in pain, nor smiled when a child was presented to her.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In your able and exhaustive article on the Treatment of Pneumonia, in the February number of the LANCET, I notice what must certainly be an accidental omission. It is this, that in the absence of venesection in any case, it not being advisable, depletion of the blood must be brought about by *free purgation*. In order to be of vital benefit it must be free, and as early in the disease as possible, at least within the first forty-eight hours; in order to prevent that engorgement of the lung, from which mischief arises to the lung, a remedy must be used which is sure, and especially in the country, where we can often not see our patients more than once in the twenty-four or even forty-eight hours. There must be no chance work, as otherwise much time is lost and lives lost. Not only on this account must the remedy be sure and powerful, but also from the fact, which all of us know by experience, that patients during the initial stage are very costive and mild purgatives have no effect. If this be essential, what should we use! My plan lately tried on adults, and from which no evil results have thus far followed, is to give one or even two drops or croton oil in ʒi of castor oil, repeated if needed in three or four hours—one dose however often produces from three to five watery stools, and much improvement in patient's condition as to pain, headache, etc., follows.

It is through paying proper attention to such, what