I thus compared the relations of albuminuria, uræmia, puerperal convulsions, and puerperal mania:

A moderate degree of renal congestion causes albumen to appear in the urine.

A greater amount of renal congestion causes the albumen in the urine to increase and the normal quantity of urea in the urine to diminish, and at the same time the urea being retained in the blood and bathing the nerve centres causes headache, disordered vision, &c.

A still greater amount of urea in the blood and of albumen in the urine causes poisoning, and at the same time starvation of the nerve centres, and so that irritation is set up and convulsions ensue. And if this condition continues for a considerable time, the nerve cells are seriously altered in nature, so that even when the cause is removed they can with difficulty or not at all recover their normal functional activity.

As there is no longer the slightest doubt as to the mechanical nature of the disease, and as it is so easily, safely, and speedily remedied, I heartily agree with Dr. McKeough when he urges the induction of premature labor in the albuminuria of pregnancy.

Dr. E. S. McKee, in the course of an able article in the Feb. number of the *Cincinnati Med. Jour.*, says: "There is a growing tendency among careful obstetricians to limit vaginal examinations of the woman in labor as much as possible. Yet we must know the position of the child and the state of the labor. To be able to tell this with accuracy, it is needful that we cultivate more thoroughly the external means of the diagnosis of pregnancy. The *tactus eruditus* should be practised industriously. A great opponent to the frequent vaginal examinations is Prof. Crede of Leipsic. This gentleman claims that women in labor and the lying-in-state are diseased only through infection from without. He who does not examine a woman cannot infect her, is a statement of Crede's. The solutions of continuity, which are seldom or never absent in the course of child-birth, are generally made by some artificial assistance to parturition. The most careful digital examinations may result in wounds, and we should dispense with them altogether or restrict them to the fewest number possible. For weeks in succession at the lying-in hospital at Leipsic, the digital examination is omitted in all normal cases, especially if there is much sickness among the patients. This omission results not in trouble, but most satisfactorily. What we need is more thorough knowledge on this important subject of external diagnosis in pregnancy, a knowledge gained only by experience, then we will use the internal method only when necessary. The surest prophyllaxis against infection consists in total abstinence from vaginal examinations.

A good deal of discussion has taken place lately at the various societies as to the danger of antiseptic midwifery, especially where bichloride of mercury is the agent used. And the same question may be raised in employing sublimate solution in gynecological practice. I have had one case of slight mercurial poisoning in a midwifery case, but it was due to the neglect of two precautions which should always be observed: 1st, never to guess the quantity of corrosive sublimate you are putting into the water, and 2nd, to allow the patient to sit on a chamber or otherwise empty her vagina shortly afterwards. But out of an immense number of irritations with sublimate at my office (from 1 in 2000 to 1 in 5000) I have never seen any unpleasant results, and Apostoli's experience has been the same in many thousand cases. But this immunity is due to the simple precaution of pressing down the perineum and emptying the vagina after every irrigation.

Montreal, 21st March, 1888.

Society Proceedings.

MEDICO CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, December 9th, 1887.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

PATHOLOGICAL SPECIMENS.

Development of Bone from Periosteum.—Dr. BELL presented a section of the shaft of the femur illustrating the reproduction of bone from the periosteum. The specimen was secured from a patient whose thigh had been amputated ten days after receiving a compound comminuted fracture of the lower end of the femur and the head of the tibia, opening the knee-joint. Extensive sloughing had occurred, and at the time of the operation the patient was *sapræmic* from the absorption of putrid material from the sloughing tissues. Twenty-five days later it was found to be necessary to remove two and a half inches of the end of the bone owing to sloughing of the flaps. At the primary amputation the periosteum had been stripped from the