

October 22.....	2	.....	100.2	100	.....	.....
	4	.....	102.2	91	.....	.....
	6	.....	103.2	96	.....	.....
	9	.....	101.2	98	.....	.....
	.....	1	101.2	160	1028	1%
	.....	3	101.2	98	.....	.....
	.....	5	100.4	96	.....	.....
	.....	8	101.2	99	.....	.....
	.....	11	100.2	100	.....	.....
" 23.....	1	.....	100.4	100	.....	.....
	3	.....	100.6	98	.....	.....
	5	.....	98.6	95	.....	.....
	7	.....	98.6	95	.....	.....
	9	.....	98.2	90	.....	.....
	12	.....	99.2	95	1025	3%
	.....	4	100.6	100	.....	.....
	.....	6	101.6	100	.....	.....
" 24.....	.....	8	102.8	105	.....	.....
	8	.....	98.6	90	.....	.....
" 25.....	.....	7	102.6	99	1025	Small Amount
	8	.....	102.2	103	.....	Small Amount
" 26.....	.....	7	102.2	105	1025	Amount
	8	.....	98.6	73	.....	.....
" 27.....	.....	7	98.8	73	1022	Trace
	8	.....	98	70	.....	.....
" 28.....	.....	7	98.6	85	1022	None
	8	.....	97.8	70	.....	.....
" 29.....	.....	7	98.6	80	1025	Trace
	8	.....	97.8	70	.....	.....
" 30.....	.....	7	98	73	1025	1%
	8	.....	98.6	70	.....	.....
" 31.....	.....	7	98.6	73	1025	1%
	8	.....	98.6	70	.....	.....
v ember 1.....	8	.....	97.6	75	1020	1½%
	8	.....	97.4	70	.....	.....
" 2.....	.....	7	97.8	73	1022	1½%
	8	.....	97.6	80	.....	.....
" 3.....	.....	7	97.6	76	1018	Trace
	8	.....	102.6	100	.....	.....
	.....	7	101.6	110	1015	Trace
" 4.....	3	.....	102.4	100	.....	.....
	5	.....	101.2	95	.....	.....
	6	.....	100.8	95	1015	None
	8	.....	101.2	85	.....	.....
	.....	5	97.6	70	.....	.....
" 5.....	8	.....	96.6	75	1018	None

Amount of urine passed daily, 40 to 45 oz.

CASE II.—A. B., aged 37, V para; was admitted into the Montreal Maternity in October, 1888. Her history is decidedly neurotic. Her father and mother are living; the father healthy, but the mother subject to neuralgia and severe headache. She herself has suffered all her life from neuralgia and headache; her children are all epileptic. She began to menstruate at 18, her periods being regular and painless. She married when 22, and subsequently bore four children at full term; no miscarriages. With her *first* child (1863) labor and convalescence were normal. After her *second* (1865) she suffered from procidentia, which required operation. After her *third* (1877) the procidentia was greater and accompanied by obstinate leucorrhœa; a second