stipation, and this is often a factor in the production of eclampsia. These three signs—œdema marked in the face and hands, diminishing quantity of urine, containing albumen, and constipation should always suggest the possibility of a pregnant woman developing eclampsia, besides these symptoms there are some which are likely to arise shortly before the attack. They are: headache, situated at the top or in the back of the head and of a dull character; pain in the eyes and dimness of vision sometimes even total loss of sight, or flashes of light; ringing in the ears; restlessness and irritability. These signs in a patient who is thought liable to develop eclampsia should be noted, and, when they occur, the patient should be carefully watched and not left alone, so as to avoid the possibility of a fit coming on when no one is at hand to look after the patient and prevent her injuring herself.

The character of the fits is the same. They are preceded by twitching of the mouth or eyes. Then the stage of tonic spasm begins, the arms are flexed and stiff, the head rigid on the body, and the teeth tightly clenched; respiration is stopped, and the patient gradually becomes cyanosed. This stage lasts about 30 sec., and then passed into the second stage of clonic spasm. The arms begin to move in short, sharp jerks, the teeth are opened and shut. The tongue is jerked in and out of the mouth, and respiration commences again, but is also jerky. The eyes are rapidly blinked, and the features violently twitched. This stage last about one minute, and then passes into the stage of coma. This may last for from a few minutes to hours, or until another fit occurs, and so the coma of several fits runs on continuously. In eclampsia the fits tend to be repeated with increasing frequency and severity, and the coma following each to be more profound. The only immediate action necessary during the fit is to prevent the patient injuring herself with the movements or biting her tongue, the mere bite of the tongue is not of much consequence, but it makes the tongue swell, and there may be a danger to respiration. When the fit is over the patient should be turned on her side during the stage of unconsciousness, and kept that way so that fluids may run out of the mouth instead of down the throat, where they most likely will enter the trachea and cause inflammation of the lungs. Also this position keeps the tongue forwards, and so prevents the danger of its falling back in the mouth and obstructing respiration. The patient should be left quiet during the coma, and attempts to rouse her avoided, as they are more likely to bring on another fit than to shorten the unconsciousness. During the eclampsia the possibility of labour starting should be remembered, and it should be looked out for, so as to avoid being taken by surprise with nothing ready for that event.

Pregnancy may be combined with any disease, but it is not necessary to mention many of them. I have taken pneumonia as probably the commonest, and also as it is fairly typical of how the acute fevers are influenced by their occurrence in a pregnant woman, and the coming on of labour.

Nephritis is the commonest of the chronic systemic diseases, and also has a more special action on the pregnancy than the others.

With regard to the occurrence of labour, I would like to refer to how to recognise its onset, particularly when the patient is delirious or in coma.

There are certain signs of labour, and it is by noticing these that one can tell when labour has commenced. These signs are nearly the same whatever the period of pregnancy. In the case of a woman in good health, the first sign is the occurrence of a pain felt in the back, and then moving round towards the front of the abdomen. The first pain is slight, and only lasts a short time, then there is an interval of from half an hour to an hour, and another pain occurs, which is just like the first only lasting a little longer, and being slightly more severe; then another interval shorter than the first. In this way the pains gradually become stronger and last longer, while the intervals become shorter. This is the typical character of labour pains, and should always suggest the commencement of labour, and make one look for other signs. In labour the pains are due to the muscular contraction of the uterus, so the next sign to look for is whether the uterus is contracting at the time of the pains, to make this out place the hand on the abdomen where the uterus can be felt as a large semi solid tumour when the pain has just started, then, as the pain increases, the uterus will be felt gradually becoming harder and more round, and also to project more distinctly through the abdominal walls. The hardness of the uterus increases while the pain increases, and, having reached its maximum, remain so for a few seconds, and then gradually diminishes until it becomes soft again, and the outline loses its distinctness. This change in the uterus can generally be seen as well as felt, and when occurring with the pains may be taken as an almost positive sign that labour has commenced. The next

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