there are two points of interest: (a) the comparative ease with which the muco-perichondrial layers were separated from each other after nearly three years in contact—I came across only a few feeble strands of fibrous tissue crossing between the two flaps; (b) the entire absence of any regenerated cartilage, bone, or fibrous tissue beyond the weak fibrils above mentioned. This case also illustrates the occasional impossibility of making the septum hang truly vertical in the middle line without endangering the integrity of the bridge. When the deviation extends up to the very bridge of the nose it cannot be entirely corrected without removing the entire cartilage. A compromise has, therefore, to be effected, and the final condition is something like that shown in the diagram (see Fig. 3).

THREE BAD PROGNOSTIC SIGNS IN ECLAMPSIA.*

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ON no subject in obstetrics is there more modern literature than eclampsia. From wild guesses at its causation we have narrowed our conception of it down to a toxæmia, though the nature of this toxin, and even its origin, has still to be proved. Research in this direction now belongs to the chemist; for a clinician to attempt to elucidate the problem is mere waste of time, his results being worthless without a long special training. But the clinician can be of service in directing the chemist's efforts, by noting any special train of symptoms or the results from special lines of treatment.

The object of this short paper is to draw attention to three bad prognostic signs in eclampsia—namely: (1) A small amount of albumen in the urine; (2) a high temperature; and (3) *post partum* onset of symptoms—the first two of which I cannot find mentioned in the literature.†

Soon after it became my duty to attend a large number of cases of eclampsia, I was struck with the bad results in patients with these symptoms, and, as time went on, I was more and more convinced that these patients had a much greater mortality than the others. Knowing that our convictions are very often unconsciously formed from isolated cases rather than from the whole, I have now looked up the notes of all the cases of eclampsia admitted to St. Mary's Hospital in the years 1906–7–8, numbering 46 altogether, and find my observations much more strongly confirmed than I could have expected.

I.—Small Amount of Albumen in the Urine during the Eclamptic Stage.

For the purposes of this investigation I have taken 10 grams of albumen per litre of urine as the standard, any amount above that being considered large, anything below small. My reason for choosing this standard is solely that it seems a convenient one and one which gives a good cloud on boiling.

Of these 46 cases, 21 had a slight degree of albuminuria, 18 a large degree, and in 7 cases it was not recorded. The results of these cases were:

- 21 patients with less than 10 grams per litre; 13 died, 8 recovered—mortality 61.9 per cent.
- 18 patients with more than 10 grams per litre; 3 died, 15 recovered—mortality 16.6 per cent.

These figures show an enormous difference in the mortality. Is it not probable that we are dealing with two entirely different classes of cases, though they both have many of the same clinical symptoms?

II.—A High Temperature.

100° F. has been adopted as the standard, and only the readings noted which were taken during the eclamptic stage; a high temperature during the puerperium, after the eclamptic period has passed, being necessarily of other origin.

Of these 46 cases, 26 had a temperature of, or above, 100° F., while 19 did not reach this temperature, and 1 was not recorded, as the patient died immediately after admission. The results of these cases were:

- 26 patients with a temperature of or over 100° F.; 15 died, 11 recovered—mortality 57.7 per cent.
- 19 patients with a temperature below 100° F.; 1 died, 18 recovered—mortality 5.2 per cent.

The results are even more striking than these figures indicate, as several of the 11 recoveries with a temperature of over 100° F., could really be discarded. In two of them the temperature only just reached 100° F. for one reading; in two others there was only a single rise just at the time of delivery; in one the patient had pneumonia and another was septic from a macerated fetus.

The patient who died without the temperature reaching 100° F. was moribund when admitted to the hospital, and died in less than two hours; so it is quite possible her temperature may have been raised before admission.

The temperature of these patients is recorded four-hourly. Several of the fatal cases had only a single rise during the eclamptic stage, but the majority had a progressive rise until death, and this sign warrants the very gravest prognosis. When these two symptoms, a small amount of albumen and a high temperature, occur separately, they are, as shown by these figures, bad prognostic signs; but when they occur together they give the very worst prognosis, while without either the prognosis is extremely good.

Of these 46 cases, 12 combined these two symptoms, while 7 had neither. The results in these cases were:

- 12 cases with less than 10 grams per litre and temperature over 100° F.; 12 died, 0 recovered—mortality 100 per cent.
- 7 cases with more than 10 grams per litre and temperature below 100° F.; 0 died, 7 recovered—mortality 0 per cent.

III.—Convulsions Commencing after Labour.

Very divergent opinions are held of the prognosis in those cases in which convulsions commence only after labour. Recently Johnstone¹ has collected statistics from many of the large clinics, with a varying mortality of 5.2 per cent. to 43 per cent. The author points out that the earlier the onset the milder the attack, and it is quite probable that in many clinics these mild cases are not received, so their mortality is really based on the severe cases. Of these 46 cases, in 8 only did the convulsions commence after labour, and of these only one recovered; in fact, this is the only recovery from this condition in four years at St. Mary's Hospital.

The motive of this short communication has not been an attempt to explain these phenomena, but simply to record them, to see if they are confirmed by the experience of other observers, and, if so, to give some further clinical data to direct the work of the chemical investigator.

REFERENCE.

¹ *Journal of Obstetrics and Gynaecology of the British Empire*, January, 1910.

THE formal opening of the chemical and physiological wing of the University of Bristol by the Pro-chancellor Lord Winterstoke will take place on Tuesday, November 15th, at 3 p.m.

At the half-yearly meeting of the governors of the University College of North Wales, held at Chester on October 26th, it was announced by the treasurer that Sir T. Pritchard Jones had presented the new college with a great hall at the cost of £17,000.

WE understand that the authorities of the Heritage School of Arts and Crafts for Crippled Children at Chailley, Sussex, are finding themselves in difficulties, and require support. The school undertakes to educate both boys and girls, the object being so to train them as to render them capable of supporting themselves by hand crafts. The girls' school is a new building, and both schools have full recognition from the Board of Education; but the boys' school has been carried on in an old house which was only passed by the Board of Education as satisfactory during the experimental stage of the school's work. The authorities of the school are now faced by the necessity of transforming this old house at a cost of about £5,000. The honorary treasurers of the school are Lord Llangattock and Miss Alice Rennie, 36, Westbourne Terrace, Hyde Park.

* Read before the North of England Obstetrical and Gynaecological Society, May, 1910.

† While writing this Galabin and Blacker's *Midwifery* has been published, in which attention is drawn to the bad prognosis with a high temperature.