Two days later the urine had increased to four quarts in the twenty-four hours, the œdema had disappeared, she had had no more headaches, and her convalescence was fully established. The albumen gradually diminished, and in five weeks after confinement none was to be found in the urine.

My excuse for reporting this case is the fact that two such grave obstetrical emergencies as uræmia and placenta prævia were met with in the same patient. It is reasonable to suppose that the free hæmorrhage from the placenta prævia prevented the onset, in this case, of eclampsia.

PLACENTA PRÆVIA COMPLICATED WITH URÆMIA AND IMPENDING ECLAMPSIA.¹

BY CHARLES M. GREEN, M.D.

THE following case was seen in consultation with Drs. Martin and Chandler of Medford: to Dr. Chandler I am indebted for the notes of the case.

The patient was an American woman, thirty-nine years old, in the tenth lunar month of her first pregnancy. She was first seen by Dr. Chandler for Dr. Martin April 24, 1891, when he found her suffering slight pains and flowing quite freely. Examination revealed a placenta prævia, and the os uteri undilated. A vaginal tampon was introduced, and morphia given, after which pain and hæmorrhage ceased. It was learned at this time that the patient had always had more or less stomach trouble, and that for five or six months it had been worse. For a month she had had a good deal of headache, and frequent attacks of nausea and vomiting. The urine was found to be scanty, of low specific gravity, and containing one-half per cent. of albumen and numerous casts: there was moderate œdema of the feet and legs.

Next day the tampon was removed and a douche given: there was no more hæmorrhage; but nausea was constant and vomiting frequent. It was obvious to Dr. Chandler that immediate obstetric interference was urgently indicated; but circumstances prevented, and Basham's mixture was prescribed. No improvement followed, and on April 28th and 29th not more than ten ounces of urine were passed in twenty-four hours. Pilocarpine one-sixth of a grain, repeated in half an hour, did not start perspiration.

April 30th, flowing began again and was controlled as before with tampon and morphia. May 1st I saw the patient in consultation, and found complete placenta prævia, but no present hæmorrhage: the os was slightly dilated. This condition was in itself an indication for immediate delivery: the grave symptoms of uræmia and impending eclampsia made active interference doubly urgent. Ether was given, the os uteri was dilated manually, and a living child was delivered by internal podalic version: the infant, though asphyxiated, premature and poorly developed at birth, has thus far survived.

Next day, there was no more vomiting, and the patient was passing more urine. The following day, the patient passed a good amount of urine, took plenty of nourishment and suffered no nausea. One month after delivery, the urine was found free from albumen and casts.

Placenta prævia is a rare complication of pregnancy and labor, occurring perhaps once in a thousand cases:

it occurs six times as often in multigravida as in those pregnant for the first time.

Eclampsia occurs about twice as often as placenta prævia and is most frequently seen in primigravida, especially in elderly primigravida. The combination in the same patient of these two most serious complications of pregnancy is of sufficient rarity to make all such cases worthy of record.

TRICHINOSIS: REPORT OF CASES.

BY C. W. MACDONALD, M.D., BOSTON.

FOR the past twenty years there is no authentic account of cases of trichina poisoning in Boston. For a longer period there have been no fatal cases of it. Its comparative infrequency yet fatal tendencies, are, I think, sufficient inducements to note well and publicly the insidious nature of the dread visitor. With this objective view I propose to report my experience lately with a few cases in my neighborhood.

About the last of March a patient came to my office complaining of some purging with abdominal pains. Having no other serious symptoms, I concluded that the trouble was caused by some indigestible irritant and prescribed accordingly. Two days later I was called to his boarding-house to see the proprietor, who was in bed and seriously ill. His symptoms were somewhat similar to those of patient No. 1, but much more exaggerated, and, in addition, he had a temperature of 102° F., bulging of eyes, headache, and "pains all over his body."

Being assured of no unusual diet in the household, and, consequently ignorant of the true nature of the disease, I treated the matter symptomatically and expectantly, and left with typhoidal thoughts agitating my mind. Next day my second patient's sufferings were intensified; temperature 104.5°. Still I postponed my diagnosis, and gave ten grains of quinine every three or four hours and all the brandy the patient could take. Next morning my anxiety was considerably removed by finding my patient with a temperature of 102°, and his other symptoms very much ameliorated.

And now, with the invasion of other members and friends of the family, to the number of fifteen, came the solution of what thus far had proved a mystery. About ten days previously, the family larder had been reinforced by the addition of a partially smoked ham. A neighboring family was also similarly supplied, and sandwiches, of the raw pork from both hams, had been more or less freely partaken of. Every one who had eaten of them, was, in about forty-eight hours, similarly affected. Some more seriously than others, the degree of affliction not at all in proportion to the quantity eaten. One visitor at my patient's house, who had eaten two sandwiches, died in about ten days, despite the best medical attendance.

Now, to return to my patient No. 2, whom we left with a temperature of 102°, upon quinine and brandy. He made an uninterrupted recovery. His was the most severe and the most typical form of trichina infection of all my cases. At the present writing, though past the seventh week, the usual time of active trichina symptoms, all the affected are still troubled with some diarrhœa and muscular pains, but they have resumed their respective avocations, and get on toler-

¹ Read before the Obstetrical Society of Boston, March 12, 1892.