that his hand felt as heavy as lead; on the fifth day he could feel all over the arm to the top of the shoulder, in fact, everywhere where previously insensibility was lost; on this date it was also noticed that his hand was damp with perspiration, instead of as formerly, dry and the skin inclined to be red and shiny. From this time on his recovery was uneventful and in every way perfectly satisfactory, sensation was completely restored, the muscles of the arm and forearm regained their tone and strength, and movement at the shoulder-joint became perfectly free in every direction. The only post-operative treatment was carefully graduated massage and passive and active movements. He was discharged hospital to furlough on December 18th, 1908. The radiograph shows the bone united in perfect position, and the rough sketch shows diagrammatically the position of the fragments to one another and their supposed relation to the cords of the brachial plexus before the operation.

The case is of interest, I think, chiefly for two reasons; first, because it is extremely rare to find injury to the brachial plexus associated with fractures of the clavicle; and secondly, because it bears out the latest teaching, that where mixed nerves are injured the sensory affection is more marked than the motor lesion, whereas till very recently it was thought that the motor fibres were more affected than the sensory.

I have to thank Captain E. P. Sewell who ably assisted me at the operation, and Lieutenant Phillips, R.A.M.C., who gave the anaesthetic.

A CASE OF ALBUMINURIA IN PREGNANCY WITH PRE-ECLAMPTIC SYMPTOMS.

BY CAPTAIN TOBIN.
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DRS. TWEEDY AND WRENCH speaking of the significance of warning signs and symptoms say: If a patient complains to you in the later months of pregnancy of symptoms of toxæmia such as headache, vertigo, functional disturbances of vision, insomnia, drowsiness, puffiness under the eyes, &c., make an examination of her urine for albumin, and if it is found treat her for albuminuria. You may thus ward off eclampsia, a disease that has a mortality of between 20 and 30 per cent. The significance of warning signs and symptoms and the importance of their early recognition could scarcely be greater. Albuminuria and eclampsia must be considered together, because although eclampsia may very exceptionally occur without albuminuria they are almost invariably associated. This association is indeed so marked that the conclusion cannot be avoided that they are due to one and the same cause, viz., a form of toxæmia. Well-marked albuminuria in pregnancy is fairly uncommon as the rate of its frequency does not exceed 3 per cent. in pregnant
women, and from this we must deduct cases of pre-existing renal disease and cases of transient functional albuminuria.

Clinical Notes of the Case. — Mrs. S., wife of Serjeant S., South Staffords, aged 22, was sent to hospital said to be suffering from fits. On admission she complained of weakness, persistent frontal headache, giddiness, vomiting, and suffered occasionally from stupor and despondency. There was puffiness under the eyes, and oedema of the feet and ankles. Before admission she appeared to have had several attacks of "petit mal." On examining a specimen of her urine withdrawn by a catheter a large amount of albumin and hyaline and granular tube casts were found. She was a primipara and pregnant about eight months.

Treatment. — The patient was put on milk diet with two pints of lemonade daily, one ounce of Henry's solution was given each morning, also a diaphoretic mixture and a daily hot bath were taken; the patient was made to sleep between blankets. This line of treatment was strictly adhered to and continued during the puerperium. Daily examination of the urine showed a decrease in the output of albumin, but it did not completely disappear from the urine. On January 11th, 1909, labour pains set in, and after about seven hours, when the pains were severe, the patient became exhausted, and showed signs of instability of the nervous system with twitchings of the facial muscles. Vaginal examination showed dilatation of the os but not sufficient to apply forceps. Following the Rotunda method of treatment, the patient had an injection of one grain of morphia, and soon after went sound asleep and slept for six hours. Arrangements were made for saline infusion, &c., &c., in case an eclamptic seizure set in, but when she awoke the exhaustion had passed off and labour went on to a favourable termination. After the child was born half a grain of morphia was administered as the instability of the nervous system appeared again. During labour a specimen of the urine withdrawn by catheter showed complete absence of albumin, but it appeared again on the first day of the puerperium. This is a point of clinical importance, as the patient might be considered as a case in which there was threatened eclampsia with absence of albumin in the urine during labour, and so come under the heading eclampsia without albuminuria. Whereas there was well-marked albuminuria during pregnancy and in the puerperium. During the third stage it was noticed that the blood was very fluid and showed no tendency to clot, the uterus did not contract and it was only after massage and suprapubic pressure followed by a large dose of ergot that contraction set in and haemorrhage ceased.

In conclusion, the best etiological theory of eclampsia at the present time, although it may not be correct in all details, is that eclampsia is due to toxæmia. Taking this for granted, then the prophylactic treatment of eclampsia is far more important than the curative, since it is usually possible to prevent the attack.