

enough about it to guide us to a system of treatment and to a selection of remedies. Let us consider the pathological anatomy first.

Liver.—Color more yellow than usual. Commencing fatty degeneration. Small hemorrhages, parenchymatous and subcapsular. Areas of necrosis around the portal spaces. Anemia.

Kidneys.—Kidney of pregnancy—The renal condition which is most likely to give rise to eclampsia. Chronic nephritis—more rarely present. Areas of necrosis. Hydronephrosis (sometimes) uninvolved (in about 5 per cent.—Dührssen).

Spleen.—Enlarged, congested, soft. Areas of necrosis. Hemorrhages, parenchymatous and subcapsular.

Brain.—Often anemic and cedematous. Sometimes hyperemic. Sometimes normal. Emboli.

Lungs.—Usually cedematous. Ecchymoses. Emboli.

Heart.—Amyloid degeneration. Cloudy swelling. Fatty degeneration.

Urine.—Albumen and casts. Diminished toxicity.

Blood.—Increased toxicity of serum. In general an anemia of all the organs.

We notice in the pathological anatomy lesions of a similar character and wide distribution, and this leads us to infer that the noxious agent must be distributed by the blood. Further, when we remember the increased toxicity of the blood serum and the diminished toxicity of the urine we infer the presence of a toxin in the serum, and *toxemia* is therefore our first indication for treatment. What the nature and origin of the toxin may be, we do not yet know. Again we notice the general presence of *anemia*, and this is our second clue to the treatment. The hemorrhages in the organs are supposed to result from the convulsions, and therefore the *control of the convulsions* is our third indication.

Let us now go over the other known facts of the disease, and see what information they give us.

PREDISPOSING CAUSES.

Labor pains.—The convulsions occur ante-partum in 25 per cent., during labor in 50 per cent., and post-partum in 25 per cent. *Obstructed delivery*—Old and very young primipare. *Long retention of excretions.* *Over distension of the uterus.* *Nervous temperament.* *Any peripheral stimulation.* *Recurr in subsequent pregnancies in about one and one-half per cent.* *More frequent in late autumn and early winter months.* *Convulsions often cease on the death or birth of fetus.*