

just how a certain poison produces a certain effect, I am willing to leave that still in the realms of theory in order to return to certain definite facts, which now seem to me to be beyond any possible doubt. And the first conclusion I have come to after a close study of some twenty authors' observations is, that puerperal convulsions are not different from uræmic convulsions, and that they depend entirely upon uræmia and its concomitant albuminuria and accompanying œdema and uræmia of the brain. That the uræmia of the puerpera, unlike ordinary uræmia, depends on a removable cause, namely, pressure on the renal veins, or on the veins into which they empty. This is the opinion of many eminent authorities, and the one which is best supported by facts, notwithstanding some slight exceptional evidence to the contrary. One of the most significant of these facts is that the convulsions come on always during the latter half of pregnancy, and are more frequent and more severe the larger the uterus becomes. Also, that they are more frequent in twin pregnancies, as seen in my second reported case, and also in the subsequent history in my first reported case, who narrowly escaped having them in her next pregnancy, which was a twin one.

Another strong proof of their mechanical origin is that they are much more frequent in first pregnancies, when the abdominal walls are most resisting and where, consequently, the pressure on the veins is greatest. That we get many of the same symptoms in men or in non-pregnant women if from any cause the current of blood out of the kidneys is retarded, as, for instance, in mitral regurgitation. Only, in these cases the patient dies before the uræmia becomes sufficiently marked to cause convulsions. The fact that the urine begins to be secreted generally immediately after delivery; the only exceptions being when the kidneys have been damaged beyond repair.

The guiding principle of treatment which I wish to lay down dogmatically is this: That unless for grave reasons to the contrary we should induce premature labor at any time after the seventh month, at which we find the urine of the pregnant woman loaded with albumen or considerably deficient in urea. By freely accepting this course it removes all doubt and hesitation in our treatment of these most anxious cases. The induction of premature labor at the seventh month, or even earlier, is a procedure totally

devoid of extra danger to the mother, and it gives to the child quite as good a chance of surviving as to allow it to run the gauntlet of a much more tedious labor at full time, when its own system is in a state of uræmic convulsions as well, and when, perhaps, it must be borne under conditions and surroundings the most unfavorable. That the child in utero suffers from uræmia just as much as the mother is amply proved by cases reported by Cazeaux and others, and our experience is that few children born during puerperal eclampsia ever survive their birth very long. In my first case the child died during the convulsions, and although I controlled them and saved the mother, it is probable that her life was purchased only at the price of the child's, for if it had not died, and she had gone on increasing in size as I then (and I now think, mistakenly) intended to let her do, nothing I believe, could have saved her. If I had followed this course in my second case, which I now report, I do not think that the mother would now be in the asylum, and perhaps one or both of her children would be alive.

Heretofore we have been left to interfere in these cases, and the rule has been to try to carry them on to the ninth month by medicinal and other treatment. But we should remember that every day the uterus increases in size the disorder of the kidneys becomes greater; and the longer we delay interfering, the danger of interference becomes more serious; for the reflex irritability of the nerves becomes such that the slightest irritation of the periphery causes convulsive impulses to emanate from the centres. We should also remember that owing to the mechanical nature of the malady we cannot count upon the cooperation of diuretics, for even digitalis, the king of diuretics, often fails us in these cases. And no wonder, for how can a medicine which only increases the secretion of urine, because it contracts the capillaries of the kidneys and increases the flow of blood through them, have any effect when the current of blood is dammed back by the constriction on the veins.

Puerperal uræmia, if left alone, is a very serious disease, as instanced by a mortality of 12 cases out of 36 reported by Braun, although that mortality is higher than we are accustomed to here. Wiegner also reports a mortality of 25 out of 65 cases. In urging interference, I may be advocating something that many practitioners are already in favor of doing, but when such eminent