

no question that the second should not be admitted as a pauper patient. If she pays \$3.50 per week to the hospital, just what she pays for her board in her lodging-house, why should she get free treatment for an illness of six weeks say, when she is perfectly able to pay for medical attendance, which might amount to \$50.00, and pay for it in the course of the next five or six months. The chances are that she will not need a doctor's attention again for five or a dozen years. People do not get sick every year. There are some fortunate enough not to need a doctor for a dozen or more years. The thing is most absurd, is downright foolish and ridiculous and is most reprehensible, and especially so when it proceeds from business men, and more so when it proceeds from acknowledged successful business men. Hospitals were originally designed for the poor, to provide medical and surgical treatment for them, as well as nursing, and that care and attention necessary to promote good health which could not be obtained in their homes. A process of degenerating evolution, however, has taken place, for now they must be paying and profitable institutions. What right has a hospital, a great public charity, supported by governmental and municipal and private subscriptions, to be making money? What right has it to admit to its wards patients at \$3.50 per week when they are able to pay \$10.00 or more, and then establish a rule that because the patient humbugs them the doctor must also be gold-bricked? Did any one ever hear of a more silly abortion emanating from a business mind?

Albuminuria and eclampsia occurring during the course of pregnancy are ever of the keenest interest to those physicians practising the obstetric art. In connection with the cause of this condition, which is generally assigned to a toxemia, and which brings about renal insufficiency through a process of fatty degeneration of the renal epithelium, there are two items which apparently have not been taken into serious consideration. The first is the anti-marital renal condition of the primipara in whom most of the eclamptic attacks occur; the second is the subsequent condition in other paras. There must be a good reason for the incidence of eclampsia in primiparæ, but apparently it has not been sufficiently elucidated. Probably the most generally accepted view is that the resistance in the abdominal walls is greater in the primipara and hence the intra-abdominal pressure is also greater and its influence is thus exerted upon the renal veins. If this be the accepted view, there yet remains the fact that most obstetricians have practically no knowledge of the condition of the renal function prior to marriage and pregnancy; and it seems to be that along this line, some good work of an intelligent nature may be prosecuted in