

opinion conclusively, that the liver is to blame for the vast proportion of cases, and, as far as my experience has gone, I absolutely agree with him, and I believe this to be so from the clinical condition and the treatment of it. Bouffe St. Blaise, one of Bouchard's students, shows the striking similarity between insufficiency of liver action and this special condition which arises in pregnancy.

Hertz advances the theory of paralysis of the function of the liver, which may possibly play a part in this condition. Dr. Edgar quotes Dr. Ewing, of Cornell, who has been making a special study of this subject for the last seven years. He regards necrosis of the hepatic cell as inseparable from the acute toxæmia of pregnancy and gives the following degrees; necrosis limited to individual isolated cells throughout the lobule, or involving the zone of cells between the central vein and periphery, or the lobule involved except a slight peripheric rim of cells.

Every one, I think, looks upon the kidney as being only of secondary importance. On looking over the last hundred cases at the Women's Hospital, I found that there were undoubted signs of toxic poisoning in 92 per cent.—that is, there was a serious diminution of uræa, 300 grains or less. If I have 400 grains of uræa or over I do not mind, as the toxin, whatever it may be, is apparently excreted in direct proportion to the uræa, as shown by Bouchard. Out of these hundred women there were only eleven in which there was from a trace to a fair quantity of albumin. I agree with the view that convulsions should not occur in a case under one's care, where, as a rule, it is simply a question of proper management. I would also join in the hope that this subject will receive more attention in the future than it does at present, and that every case which any medical man undertakes will be examined carefully, and if such abnormalities are found, be treated for them. In the last thousand cases admitted into the hospital, we had twelve cases of eclampsia, one case was brought in after labour, and one case had been in the hospital for three days before confinement. This last case was not examined by the House Surgeon, and the patient developed convulsions and died. I blame this neglect for the result, and I have no doubt that had a careful examination been made in this case we could have saved the woman's life. In only one of the twelve cases was marked dyspnoea noticed, which is supposed to point more to true uræmia. That there are cases in which nothing can be done is undoubtedly true, but in the average case, where only limited liver areas are affected, they should as a rule be saved. We know that toxins are produced gradually and have a cumulative action. If there be any signs in the first pregnancy, and should there be other children,