

we have the pre-eclamptic condition, which, if properly treated, will terminate in avoiding eclampsia. To my mind, the question of whether a woman having this poison circulating in her system will have eclampsia or not is a matter of the concentration of the toxin at any one time, and the flash-point, if I may use the term, of the particular individual affected.

*The Pathology of the Disease.*—The chief changes produced in the various organs are congestion, hemorrhage, degeneration, and necrosis. The liver, the kidneys, the brain and heart are the organs most vitally affected. I think that there are *two* distinct clinical types of the morbid process to be distinguished, and they depend upon the organ more affected.

*The Liver Type of Eclampsia.*—The patient is jaundiced, vomits, has a tendency to hemorrhages, changes in the urine are not marked, albumin is small in quantity, the blood pressure is not high, convulsions are not marked, coma is common, there is little if any edema, and the pulse is poor. These cases do badly. The post-mortem findings are pretty constant and the characteristic changes are to be seen in the liver. If death has been delayed a few days, the liver is frequently shrunken, the capsule wrinkled, and, on cross section, the liver looks a mottled red and yellow. It is very much like the liver of acute yellow atrophy and delayed chloroform poisoning, or phosphorus poisoning. I have seen cases where it was difficult to find any healthy liver tissue left, almost the whole of the parenchyma being destroyed. The lesions in the liver vary from granular and fatty degeneration, to actual necrosis. Cragin and Hull say. "This necrosis begins at the centre of the lobule, and extends toward the periphery, leaving only a mass of granular detritus surrounding the central vein, the nuclei and cell contents disappearing with only a reticular network in the place of the liver cells. Thromboses with hemorrhage occur throughout the lobule more often than at the periphery. The organ may be swollen or diminished in size, according to the change in the parenchyma. It usually shows a yellowish color and may have hemorrhages under the capsule." (Confirmed by Delafield and Pruden.)

*The Kidney Type of Eclampsia.*—This is characterized by (1) a high tension pulse, (2) severe headache and epigastric pain, (3) nervous symptoms are marked, (4) edema is generally present, (5) The urine is scanty, of high specific gravity, and contains a large quantity of albumin, blood casts, granular and