

hardly be due to structural renal changes, as the condition usually passes off immediately, or very soon after delivery. It seems to me that it is more likely to be hæmatogenic in origin, the blood of the pregnant woman being so changed as to probably permit a portion of the albumen to dialyse through the walls of the vessels.

From the frequent association of puerperal eclampsia and albuminuria we must necessarily conclude that insufficiency on the part of the kidneys plays an active part. There can be little doubt that the supersensitive condition of the nervous system of the pregnant woman plays an active part in the production or exciting the eclampsia.

Why is it more frequent in primiparæ, in illegitimate pregnancies, and in twin pregnancy? In the first two I think the over-anxious, worried condition of the patient explains, no doubt, the greater frequency. As we learn more of the toxæmia of pregnancy we will become more conversant with the etiology and treatment of puerperal eclampsia. In the pregnant woman we have two distinct and separate organisms, throwing almost double work on the excretory functions of the mother. The excretory functions of the pregnant woman are not as active as in the non-pregnant condition, while the amount of toxines is very much increased. In all toxæmic conditions there is more or less congestion of the kidneys. Probably this explains the albuminuria of pregnancy, and the albumen in the urine is the first indication we have that our patient is suffering from an attack, more or less severe, of toxæmia. These toxines, if not rapidly eliminated by coming in contact with supersensitive nerve centres, are very likely to produce eclampsia.

*Treatment.*—This is simply the treatment of toxæmia; and this is, or should be, for the most part, preventive. The symptoms of an impending attack of eclampsia are identical with those of toxic psychosis, viz., frontal headache, dizziness, derangement of vision, loss of memory, etc. The clothing should be warm and loose so as not to interfere in any way with the circulation. The urine should be examined at least once a month, especially in primipara, and this examination should be both chemical and microscopical. A careful watchfulness should be exercised over the functions of the kidneys, liver, and bowels and skin. Should evidences of toxæmia present themselves, our actions should be prompt in stimulating all the eliminative organs of the body. Free purgation with hepatic stimulants, etc., hot baths before retiring, and milk diet should form the main points in the treatment.

Lastly, we come to the most dreaded of all, that is, the eclamptic seizure. Morphia, chloroform, chloral, veratrum, pilocarpine, etc., are our standard remedies. Bleeding is of great value. Emptying of the uterus, of course, is a desideratum. Intro-venis injection of normal salt has been given with good effect.

It seems to me, Mr. President, we scarcely realize the extreme responsibilities resting upon us till we are brought face to face with them in the eclamptic seizure. It then, in all probability, means the loss of a precious life—a life as precious in some homes as our wives or our mothers would mean in ours.