points were kept constantly in view. (1) Narcotization of the nervous centres, by the administration of large and repeated doses of another poison, namely morphine. And (2) the prompt evacuation of the contents of the uterus and consequent lessening of pressure upon the renal vessels.

This latter, owing to the rigidity of the os, we were unable to accomplish of ourselves, nature coming to our rescue at last, but not until some 50 hours had elapsed after the first convulsion.

The obstinate refusal of the bowels to act was probably due to mechanical obstruction by the gravid uterus, since a free and satisfactory evacuation took place as soon as uterine contractions had fairly set in.

The patient only regained consciousness on Thursday, the 22nd, having no recollection whatever of anything that had occurred between Sunday and Thursday morning.

Another point of interest was the excessive diuresis that occurred after delivery, nearly 100 ounces in the 24 hours being voided, whilst before that, only a few ounces of dark albuminous urine were secreted in the same time.

Milk was the only aliment allowed for a week, after that soups and jellies were added, together with port wine, from which latter the patient derived much benefit.

This, Mr. President, is merely the record of one case of eclampsia, transcribed from notes taken at the time, and of the treatment adopted in this particular case.

Probably every practitioner has his own favorite way of treating these distressing and so frequently fatal cases. I have given you an outline of that method which I believe to be the best, and which briefly is narcotize the patient and neutralize the action of uræmic poison.

Probably some will say, no one method of treatment will answer for every case, but each one should be treated according to its own particular circumstances. This I willingly admit, but the treatment by morphia seems to me to offer a better chance of recovery than by any other method alone. And as to chloroform, I cannot honestly say that I have ever seen a case where the convulsions were completely controlled, or even appreciably lessened by its use.

As to the pathology of puerperal eclampsia, I shall say but little. The subject was fully discussed before the British Medical Association last July, but no positive conclusion, says the *Med. Record*, was arrived at.

A recent number of the CANADA LANCET, quoting from the same journal, says: "The experiments of Dr. Blanc were cited (by Dr. Galabin, of Guy's Hospital) as indicating that in the urine of eclamptic patients, there is a specific bacillus, which, when cultivated, causes convulsions in some of the lower animals.

Dr. Blanc thinks that this bacillus causes not only the nephritis, but also the convulsions directly. Dr. Auvard's view that eclampsia is the result of a strike on the part of the organs of elimination, especially of the kidneys, no doubt represents a truth, but hardly goes deep enough to be called a scientific explanation.

The same may be said of the theory of Stumpf, that under certain circumstances, a nitrogenous substance of a toxoemic nature, it may be acetone or a closely allied body, is developed, which in its elimination, erritates the kidneys, and so causes a nephritis.

It seems that we do not, as yet, know more about the pathology of eclampsia than that there is some convulsive poison thrown into the blood, either through renal disease, or infection, or both. What then is the duty of the medical attendant towards such patients in regard to subsequent pregnancies?

The question will always be put to us whether the patient may not, at a future pregnancy, be subjected to a similar misfortune. That principaræ are more liable to eclampsia than multiparæ has been abundantly shown; still there can be but little doubt that repeated pregnancies tend towards progressive disease of the kidneys, such disease being that known as granular degeneration.

Bearing in mind the great danger to the life of a patient during an attack of puerperal convulsions, and the irremediable damage to the kidneys that may occur, are we not justified, not only in warning her of the danger she incurs by subsequent pregnancies; but also in the induction of premature labor, for the relief of a condition fraught with so much danger to the life and well-being of our patient?