

tubercle, syphilis, and, in fact, to every disease affecting the human system, each has its specific cause and none can be produced by any other but the specific poison.

It must be admitted, however, that in many cases, we are unable by any means at our command, to discover the pathological condition upon which it depends. But this is no argument against its existence. For the particular disease under consideration the pregnant condition is necessary to its production, and consequently it will be well for us to consider, in a practical way, some of the leading features in connection with this condition. In the first place the system will be burdened with the extra work of supplying and developing the fœtus. The heart will necessarily have more work to perform in carrying on the foetal as well as the general circulation. The nervous system will also have extra duties in contributing to the development going on.

Now in order to have a healthy body it is necessary to have the circulatory and nervous systems in a healthy state. If either, or both, are disturbed from any cause, the effect is soon felt on the general system. It is only necessary to notice the effect of fear on the human system to illustrate this fact. Look at the expression of countenance, the nervous tremor, the disturbed digestion, and sometimes the involuntary evacuation of urine. If fear has such a marked effect upon the system is it not reasonable to suppose that the over-taxing of the nervous and circulatory systems will produce not only eclampsia, but disease of the kidneys. It is evident that the fœtus in utero acts as a quasi foreign body, inasmuch as it serves as a source of irritation from the very commencement of gestation. The patient almost immediately after conception is disturbed by nausea and vomiting, which sometimes defy our best efforts to suppress. The labour required of the circulatory and nervous systems increases as gestation advances. Consequently at or near the termination, the nervous centres are worked up to such a state of tension, if I may so express myself, as to relieve themselves by that spasmodic condition called convulsions. This, I believe, is substantially all we know, or at least, by far the most we know about the

etiology of eclampsia. It is an explanation, I grant, somewhat vague and general; but in the absence of any other more exact, or to the point, I am inclined to accept it.

Before entering on an explanation of the treatment allow me to give a brief report of the two cases before mentioned:—

Case I.—Mrs. G—, aged 26, Primipara, was taken in labour about one a.m. on the 4th of February. I was sent for about nine a.m., and found the head presenting, and the labour well advanced in the second stage. The child was born about one hour after my arrival. I removed the placenta, made my patient as comfortable as possible, and remained in the house for half an hour or more. On leaving she expressed herself as feeling very well. In about one hour afterwards I was sent for in great haste, and on my arrival found my patient working in a convulsion. The nurse informed me that she had three fits before I got there. I at once administered one quarter of a grain of sulphate of morphia subcutaneously, which controlled the convulsions, the patient falling into a quiet sleep which lasted for several hours. In the evening of the same day the nurse was removing some of the soiled clothing when the patient attempted to sit up and was seized with a slight convulsion, which was almost immediately controlled by a second injection of  $\frac{1}{4}$  grain of morphine. After this she went on to convalescence without any further symptoms of eclampsia.

Case II.—Mrs. T—, aged about 30, pregnant with her third child, was seized with convulsions at the commencement of labour, Drs. Winstanley and Richardson chloroformed the patient, dilated the os, and delivered with forceps. The fits continued at regular intervals from some time in the night till the following afternoon, notwithstanding the use of chloroform and chloral hydrate. I saw her about three p.m., when a quarter of a grain of morphine was administered, after which the convulsions ceased for three hours. She then had a slight convulsion, when I again administered a second injection of  $\frac{1}{4}$  of a grain of morphine, which completely controlled the eclampsia. The patient going on to convalescence without any further trouble.