

common, and as it was afterwards found that patients suffering from acute or subacute nephritis were more liable to puerperal eclampsia, it was concluded that they were slightly different aspects of one and the same disease.

When I was a student at Edinburgh the teachings of Simpson and Barbour were that there were two explanations of this disease. One was a theory proposed by Freich and supported by others, viz.: That it was due to the retention in the blood of urea.

The second theory was called Traube's, viz.: That loss of albumen makes the blood hydremic, and this with an hypertrophied left ventricle and pressure of the pregnant uterus on the vessels of the pelvis and extremities caused increased pressure and œdema of the brain.

With regard to the former Speigeburg and Braun actually proved the presence of ammonium carbonate, or carbamid, in the blood, and as this was found to be an antecedent of urea, it strengthened that theory. Yet a puzzling clinical fact that seemed hard to reconcile was that some patients would have puerperal convulsions who had never had albuminuria, and Speigeburg still maintained that pressure on some of the pelvic nerves was a factor in the etiology of the disease.

In support of the second theory, Monk and Otto found that by injecting water into the veins of dogs they produced hydremia and the increased pressure on the vessels of the brain produced convulsions, much like those of puerperal eclampsia.

This was quite satisfactory until, shortly after, Olshausen, Schrœder and others found by autopsies on eclampsia patients that the brain was often dry, and there was sometimes a sclerosis.

Others observed that there was in some cases anemia instead of arterial tension, and an increase of waste products circulating in the brain.

Santos believed eclampsia to be an acute peripheral epilepsy having its origin in the uterus and that albuminuria is simply a physiological condition of pregnancy.

Pajot declines to admit eclampsia to be dependent on albuminuria. He believes the cause is reflex, culminating in a cerebro-spinal centre in close proximity to the disorganized centre which presides over the existence of albuminuria, because, he says, the certainty of eclampsia occurring is not proportional to the amount of albumen present; that many that are highly albuminuric do not have eclampsia, while others who have only a trace die in a comatose condition; that women have died of