and says, with scientific circumlocution, what the clinician has been saying for a generation. Anything which throws extra work on the kidneys, as a heavy nitrogeneous diet and deficient activity of the skin and bowels; anything which impairs the functional activity of the kidneys, as the congestion of an acute nephritis or pressure upon the ureters, is well known to determine an eclamptic attack. As a rule, eclampsia is a disease only of late pregnancy with a living fetus, and is about ten times more frequent in twin than in single pregnancies, showing the probability, at least, of the fetal origin of the toxins of the disease. It is true that rare exceptions to this general rule are observed. Eclampsia has occurred as early as the second month of gestation and as late as six weeks after delivery. But it is open to question whether these cases were not ordinary uremic convulsions. I have a patient in the Maternity at present who has had convulsions in two successive pregnancies at the third and at the fourth month, but she has advanced nephritis and her convulsions are such as might occur in any nephritic subject, whether she is pregnant or not. No doubt the irritability of the cortical cells in the brain, characteristic of pregnancy, has already developed in the woman and determined the convulsive rather than the comatose form of uremia in her. An argument often advanced against the responsibility of the maternal kidneys for eclampsia is the alleged fact that women with nephritis are not liable to eclampsia. One set of German statistics is frequently quoted to the effect that only 5 per cent. of nephritic subjects in pregnancy develop eclampsia. The way in which these statistics are exploited by the supporters of some of the newer theories to account for eclampsia would, it seems to me, lead the inexperienced to believe that disease or impaired functional activity of the kidneys in pregnancy may be regarded with entire indifference. No view could be more incorrect or more harmful to our patients. It is not true that women with nephritis are not disposed to eclampsia. The reasons why a comparatively small percentage of them actually arrive at the convulsive stage of the disease are that abortion, miscarriage and permature death of the fetus is the rule in the nephritis of gravid women; that the signs of toxemia appear so early and are so marked as often to call for the artificial termination of pregnancy; that such patients are subjected to an unusually careful dietetic and other treatment and that a long-continued imperfect elimination has made the organism tolerant to toxins. It has been my experience that