non-pregnant state, and more strongly predispose to the development of this auto-toxæmia. There is a larger amount of effete matter to be got rid of; for the mother has to eliminate both her own excretions and those of her child. Then, again, there is little doubt but that the gravid uterus has a tendency to cause obstruction to the circulation, by its compression of the aorta, vena cava, renal vessels, and perhaps the ureters, especially in abnormal positions of the fœtus. A third predisposing cause is to be found in the fact that in pregnancy the nervous system is in a peculiarly excitable condition. This excitability is comparable to what is the rule during early childhood, when convulsive attacks are so common.

It seems to me that from a pathological point of view the cases may be divided into two classes: (1) Those in which there is no organic kidney lesion; (2) those where some such kidney lesion pre-exists and co-exists; and I believe the latter class to contain by far the greater number of cases.

The majority of puerperal convulsions are associated with albuminuria, and often with the presence of tube-casts, œdema, and other symptoms of Bright's Disease. It does not follow, however, that puerperal albuminuria is necessarily accompanied by eclampsia; nor, perhaps, does it always point to nephritis; but when albuminuria is discovered during gestation, especially in a primipara, it is a note of warning that we will do well not to disregard.

It is quite possible that under certain circumstances toxic material may accumulate in the blood to such an extent that even healthy kidneys cannot eliminate it rapidly enough, and so a condition of acute toxæmia arises, and may set up an eclamptic attack; but such cases must be rare. The fact remains, then, that nearly all cases of puerperal eclampsia are due to nephritis, either acute or chronic.

Some of the reasons why pregnant women are so liable to nephritis, I have already referred to. The kidney lesion may first make its appearance during gestation, or, what to my mind is more probable, a previously impaired kidney may be still farther damaged during that period, so that while in the non-pregnant state it was quite sufficient for the ordinary needs of the economy, it fails to do the extra duty required during pregnancy. Perhaps if many of these cases were investigated we should find that there had been an attack of scarlatina in childhood, and the accompanying nephritis may never have been suspected.

Upon a proper understanding of the pathology of the disease must depend a rational treatment. If albuminuria makes its appearance during pregnancy, or dropsy, or any of the other symptoms which point to renal inadequacy, preventive measures should be at once adopted. The diet should be carefully regulated, and milk should form the main nitrogenous element; broths, soups, and beef essences should be avoided; but yolk of egg may be used freely; and farinaceous foods, prepared so as to be easily assimilable, should form the staple articles of diet. The bowels should be kept acting freely once or twice a day, by the use of mild aperients, preferably salines; and an ounce of potass. bitartrate may be taken every day in a pint of water or lemonade, to be drunk at intervals, as a diuretic. If the skin does not act freely, a vapor bath two or three times a week will be very useful. As there is usually anæmia, iron should be given in fairly large doses, unless otherwise contra-indicated; perhaps the best form is thirty minims of the tinct. ferri perchloridi three times a day after meals. This plan of treatment followed out for some weeks may prevent an attack of eclampsia when labor comes on, or at any rate rob it of much of its severity.

Treatment after the convulsions have really set in, or when the premonitory symptoms show that they are imminent, is to be discussed under two heads—*medical* and *obstetric*; and the methods to be adopted under the latter depend upon whether the eclampsia occurs before or after the period at which the fœtus is viable.

A great many remedies have been proposed for the treatment of puerperal convulsions, and I do not intend to weary you by even enumerating them all, but I will mention one or two. With regard to bleeding there has been and still is a decided difference of opinion among authorities, and the practice has still many earnest advocates. But if the view I have adopted of the nature of the disease be the correct one, then bleeding is rarely, if ever, indicated. I would go even farther and say it