

very large. There was œdema of the face and legs. There was no particular difficulty in the second stage. These facts incline me to the belief that there existed, for some time previous to the labor, abundant excretion of albumen and diminished excretion of urea, and probably kidney lesion, due to the impoverished blood condition commonly associated with gestation.

CASE 2. There was apparent perfect health for some weeks before labor. There was very slight œdema of the feet—not more than could readily be accounted for by the slight obstruction to the return venous blood. There was a very slight amount of albumen in the urine by catheter directly after labor. It is probable that, in all cases of normal labor, if the second stage is accompanied by other than the minimum degree of effort, albumen will be found in the urine directly after labor, but will disappear a few hours thereafter. The consideration of these circumstances leads me to think that the kidney function was not impaired up to the time of commencement of labor.

While in Case 1 I believe the impairment of kidney function was due to an impoverished condition of the blood, in Case 2 I believe it to have been disturbed by acute congestion of the kidney. Though morphia was given in both cases, I am not satisfied that the good results were due to its influence. In the first case the bowels were moved very freely and very soon, and the kidney function responded promptly, calomel, magnesium sulphate, iron, and large draughts of soda water being administered. In the second case a large amount of blood was lost, which, I am inclined to think, was largely instrumental in bringing about a happy termination of speedy recovery.

Is it not possible, in such cases, that the increased blood pressure, even during the second stage of labor, may so cripple the internal secretion of the kidney that the barrier which protects the nervous system falls, and the citadel is stormed, and sometimes taken, by an invading army of toxins? Assuming that eclampsia is due to an impairment of the internal secretion of the kidney, and that such a condition may be produced by opposite causes, anæmia and acute congestion, our treatment would naturally be, on the one hand, to improve the condition of the blood, while we endeavor to carry off by the skin, by the bowels, and external secretion of the kidney, the principles of the urine which are only toxic when the internal secretion is in abeyance. On the other hand, will not the lancet, or veratrum viride, restore the internal secretion by relieving a congested kidney? In conclusion, may I venture to suggest, as a prophylactic measure against eclampsia in the pregnant, where kidney disease is known to exist—as a temporizing measure while labor is being artificially produced, eclampsia having threatened or appeared, as a substitute for the disabled internal kidney secretion in intra- and post partum eclampsia—the injection of a suitable extract of the kidney of the sheep?