

introduction of the solution may be either the iliac or the gluteal region. I prefer the latter, as sometimes some slight disturbances arise, such as pain, swelling and tenderness, which are better borne in the gluteal region. These usually subside on the application of warmth or some sedative lotion. Should we not be satisfied with two injections of the solution, a third or even a fourth injection may be used. Tonics and nourishing diet should form a very important part in the treatment of diphtheria, and in these cases careful attention should always be paid to the kidneys, and frequent examinations of the urine should be made in order, if possible, to guard against albuminuria. An antiseptic solution should be kept steaming in the room all the time. For the swelling of the submaxillary glands, hot poultices of linseed meal may be used with benefit. After recovery the child should not be allowed to attend school or mingle with other children for at least a month. I have not nor is it my intention to touch upon the preventive treatment of diphtheria, as time would not permit, and it might, I think, form the subject of a future paper.

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THE TREATMENT OF ECLAMPSIA, BASED UPON THE STUDY OF ONE HUNDRED AND TWENTY-NINE CASES.—Zweifel (*Centralblatt für Gynäkologie*, 1895), reports his very interesting results from his study of 129 cases of eclampsia in his clinic at Leipzig. He analyzes his cases with regard to the number and duration of the paroxysms and the degree of unconsciousness present, with reference also to the period of pregnancy at which the attack occurs, and whether eclampsia develops before labor or at the beginning of or during parturition. He has also investigated the quantity of urine, the quantity of albumen, and whether blood was present in the urine. He further has observed the quality of the pulse, its frequency and increased or diminished tension, and the temperature during the attack and during the puerperal period. He describes his former view as regards treatment, which was that shared by many,—namely, that instrumental delivery should be avoided if possible, because, in spite of narcosis, the irritation occasioned by such delivery increased the number of paroxysms. He contrasts his results in former years, when his patients were treated by the expectant method, with those obtained by rapid delivery, and finds that under the former his mortality-rate was 32 per cent., while with more active measures he has reduced the mortality to 15 per cent. He prefers chloroform as an anesthetic agent in the treatment of these cases. — *University Medical Magazine*.