

to the number and frequency of the convulsions, the coma, and especially, the quality of the pulse.

In light cases we must depend upon stimulating the excretory functions of the body by hot packs, subcutaneous salines, and the use of narcotics in full doses, especially morphia and possibly chloral; then awaiting the spontaneous onset of labour, deliver the woman as easily as possible.

In moderate cases labour may be induced by Krause's method or by means of hydrostatic dilators, and delivery accomplished by version or forceps.

In severer cases, where the convulsions follow one another rapidly, and possibly after the first convulsion coma persists and the pulse rapidly fails, we must resort to, besides the above methods, *accouchement forcé* by means of the Bossi dilator in multiparæ, and, in cases where the cervix is particularly rigid in multiparæ, as well as in most primiparæ, vaginal Caesarean section.

Discussion.

DR. LAPHORN SMITH: Many of the facts mentioned in the paper this evening are, I presume, merely brought forward because they occur in the literature and not because the writer agrees with them. Some, however, I agree with heartily, especially the theory of spasm of the arterioles of the brain as the cause of convulsions. This theory I brought forward some years ago at this Society and I think Dr. Wesley Mills was the only member who seemed to think there was something in this, and I may say that my paper was noted in many of the German, French and English medical journals at that time. What interferes with the circulation in the kidneys of the mother? It is pressure on the renal veins which prevents blood from getting out of the kidneys. Why do I believe that this is the beginning of the trouble? Statistics prove beyond doubt that it is much more frequent in twin pregnancies where there is greater pressure on the renal veins, and also that it is much more frequent in primiparæ, where the abdominal wall is much more tense. I also believe that this is the cause, because as soon as the pressure is relieved, the kidneys begin to act immediately, or they will gradually resume their functions, and, as Dr. Evans says, one of the most certain ways of putting an end to the convulsions is to empty the uterus. For my part I do not believe in either the liver, thyroid or placenta theories, because we do not need to go further than the kidneys themselves for sufficient cause, for the whole trouble can be found there. A very important question for the practitioner is what to do when he has a threatened case of eclampsia? When a preg-