

child-bearing can be forestalled by simple investigations honestly carried out during the course of gestation. I should earnestly plead with the profession as a whole for greater care to be taken of pregnant women. A few dollars spent in monthly examinations, especially of the urine, and the blood pressure if need be, would prevent many terrible accidents.

A pregnant woman who has daily efficient bowel movements, who passes over 50 ounces of urine of normal specific gravity, who drinks a sufficient volume of water, who perspires moderately, has a daily bath, is without headaches, dimness of vision, who eats rationally, exercises in reason, has a normal blood pressure, whose urine has no albumin or casts, will certainly not have any eclampsia.

On the other hand, a pregnant woman who is greatly constipated, passes a high-colored urine, with albumin in it, has a high blood pressure, headaches, dimness of vision, epigastric pain, and vomiting, is very likely to have eclampsia. This woman should be put on a purin free diet, well purged, and plenty of fluids got into her and her skin got acting. If in spite of this the condition persists, have a consultation, and induce labor without shock or trauma.

#### ACTUAL TECHNIQUE OF TREATMENT.

There is a logical reason for the order we follow. We try to control the fits as soon as possible, without adding further damage to the poisoned organs.

(1) Give one-half a grain of morphine sulphate, hypodermically, and repeat, using one-quarter grain as soon as necessary. Do not give chloroform; it increases the damage without doing any good except to ease the feelings of the onlookers. It has been definitely settled that the convulsion *per se* is only a severe effect; the cause is the high blood pressure where it exists, and the toxic condition of the nervous system. The morphia depresses the nervous system and decreases metabolism and relieves the heart. Its one bad effect, that of retarding the breathing, can be overcome by plenty of fresh air or inhalations of oxygen. The latter is good, for there is always a decreased oxydation in eclampsia.

(2) Prevent the patient from injuring herself; have a sheet tied over her, so she cannot spring out of bed. In a fit, place a rolled handkerchief between the teeth to prevent the tongue being bitten. and turn the patient on her side to prevent