

that in the pre-eclamptic stage he has had excellent results from the administration of from 15-20 grains of thyroid extract daily. I have had experience in this treatment and feel that in a few cases it has been of distinct value promoting diuresis and increased elimination of urea. Many have reported favourably of its action in this stage.

In the convulsive stage, when anuria is a marked symptom, Nicholson recommends that 30-40 grains be given at a dose, and a second dose of 20-30 grains six hours later may be required, as the subject is to produce thyroid intoxication as rapidly as possible, and in his experience there is less danger from giving large doses than from the continuous administration of smaller quantities.

Sturmer of Madras has used the thyroid treatment extensively, and reports that it almost invariably leads to prompt increase in the diuresis, acting thus more promptly than salines, which take 24 hours. He reports a mortality of 12.2 per cent. in forty cases treated in this manner; his mortality in the previous year was 44 per cent. under other treatment.

The treatment in the eclamptic stage is directed towards, (a) controlling the convulsions; (b) assisting elimination, and (c) dealing with the pregnancy.

A review of recent literature on this subject leaves one in a bewildered condition, as the want of unanimity is its chief characteristic. Roughly speaking, the profession is divided into two classes as regards the treatment of eclampsia, the point at issue being the method of dealing with the pregnancy.

The conservative element, represented in Germany by Pfannenstiel, Ahlfeld and Kroemer; in Great Britain by Herman, Ballantyne, Lockyer and Munro Kerr, and in America by Williams, and also the French school in general, look upon emptying the uterus as only a part of the general treatment of eclampsia, directing attention particularly to controlling convulsions and assisting elimination. The conservative element does not approve of inducing labour in all cases, but leaves it to nature until such time as interference can be undertaken without increasing the risk of the mother. Version, forceps, or embryotomy (if the child is dead), after the os has dilated, is the course adopted. They claim that, as a rule, labour rapidly sets in after the development of convulsions. The fact that eclampsia develops in not a few cases after the delivery of the child lends support to the view of this class.

Those who believe in active treatment, that is *accouchement forcé*, are probably the more numerous. Certain it is that the weight of opinion at the Congress in Geneva in 1896, was in favour of emptying the uterus as quickly as possible, and, if anything, this opinion has become