

TREATMENT OF ECLAMPSIA.--Mangiagalli (*Annali di Ostet. e Ginecol.*), in a lengthy paper to which is appended a valuable statistical table, deals fully with the various modes of treating eclampsia. Obstetric treatment in his practice occupies the first place, medical means being regarded as preparatory or adjuvant. Preventive therapeutics are very beneficial in removing the conditions which are the expression probably of the auto-intoxication, and consist in milk and intestinal disinfectants, diuretics, etc. The medical treatment (bleeding, purgation, morphine, chloral, chloroform, veratrum viride, or diaphoretics) is purely symptomatic, but is the only one possible in *post-partum* eclampsia, and in other conditions is a valuable aid to the obstetric intervention. Bleeding, followed by the subcutaneous or endovenous injection of normal saline solution, has much to re-

commend it, but it has not been employed sufficiently often to enable us to form a just estimate of its value. The speedy evacuation of the uterus constitutes the most important means of treating eclampsia. In *intra-partum* eclampsia it is a good rule to terminate labor when the conditions permit, and even to anticipate these by means of multiple incisions of the cervix. In eclampsia in pregnancy the induction of labor by the rupture of the membranes is indicated along with the use of morphine, or chloral, or veratrum viride in large doses. If these means fail, then forced dilatation of the cervix is to be preferred to the deep incisions of Dührssen. In some very bad cases even Cæsarean section may be a justifiable operation, especially if the fœtus be full time and alive. Every operative intervention must take place with the patient deeply anesthetized.—*British Med. Journal.*

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