

There is not much to be said concerning the prophylactic treatment of eclampsia, but it would be a great help to us if we had some idea of those who are prone to attacks of this condition.

In my experience two classes of women are subject to eclamptic attacks. These are, the spare, active, nervous women, with a sluggish bowel action and a torpid skin. In this class the oedema is not marked as in the other, and, as a rule, the poison seems to attack the liver or kidneys, hence bloody urine and the speedy development of jaundice. The second class are those women of lymphatic chloræmic tendency, with feebly acting hearts, and poor circulation. In this class oedema is a marked symptom, and it is probable that heart and circulatory system first yield to the pernicious influence of the toxin. If patients clearly belonging to one or other of these classes give a history of an attack of nephritis in early life, the course of pregnancy must be carefully observed.

Prophylactic treatment would mean in the first class, stimulation of the sluggish bowel and skin by appropriate hygienic, dietetic and therapeutic means. Strain of the nervous system should be avoided, and plenty of rest secured. In the second class attention should be directed to the condition of the blood and heart; iron, arsenic and strychnia being chiefly indicated. It is unnecessary here to reiterate the importance of careful examination at short intervals of the urine for albumin, urea and casts. In suspected cases the total daily quantity excreted should be recorded.

Time does not permit discussion of albuminuria, deficiency of uræa excreted or other urine conditions associated with the development of this condition, nor is it necessary to refer to the premonitory symptoms which are too well known to all.

A severe attack of what the patient is apt to consider severe indigestion is always to be viewed with suspicion after the fourth month of pregnancy, and should lead to an examination of the urine for several days in succession.

In the pre-eclamptic stage, that is, when the patient gives evidence of developing toxæmia, the object of treatment is to prevent the accumulation of the toxin, and to assist its elimination. Hot baths, milk diet, rest in bed, free purgation, and copious draughts of water, make up the general line of treatment.

Oliphant Nicholson has advanced the theory that the secretion of the thyroid gland plays a distinct role in preventing the occurrence of eclampsia, by promoting the metabolism of nitrogenous substances. Iodo-thyroidin appears to be an ideal vaso-dilator and it is probable that it is thus the secretion of the gland operates. Nicholson states