

per cent. it may be above 130 once or more. This seems to be influenced somewhat by age, nationality, and parity. High blood pressure is more frequently a sign of toxemia in the young than in those over 30. Elevated blood pressure is more often an index of toxemia than albuminuria and is apt to be an earlier sign. The degree of elevation indicates more surely the likelihood of toxemia than does the amount of albumin, but both are of the utmost importance. Isolated cases of high blood pressure without albuminuria or toxemia were not infrequent, but usually responded to free catharsis. Some pressures remained high in spite of treatment, and were apparently normal during pregnancy, at least for the patient who exhibited them. A progressively rising blood pressure often from a low level, even though it never reaches the arbitrary danger point, should be taken with apprehension as a most valuable sign of approaching toxemia. Toxemia is much more common with the blood pressure above 150 than below that point, and most patients with eclampsia had a pressure of 160 or more. It may occur, however, with only moderate pressure. All toxemic cases develop both albuminuria and high blood pressure. The incidence of eclampsia in this series was only slightly smaller than the usual figure, but Irving thinks that in two-thirds of the cases it was due to neglected advice. If his patients had been discharged for disobeying instructions the statistics would have been much more favorable, but it was considered that it would be unjust to the ignorant foreigners who constitute the majority of the patients to abandon them when they most needed care.

TREATMENT OF TONSILLITIS.

Lapat (*Jour. Med. Soc. State of N. J.*, March) removes the exudation from the tonsils by means of hydrogen peroxide and then iodine is applied to the crypts. These applications are made twice daily. In addition, the throat is sprayed every two hours with the following solution:

Ichthyolis	℥ii
Olei anisi	℥iii
Aquæ, q. s. ad	℥ii

For perspiration in the axillæ bathe with weak vinegar and apply the following on a gauze pad:

Salicylic acid	gr. xx
Starch	℥ii
Powdered alum, ad	℥iss

For internal treatment give precipitated sulphur in dram doses once daily in milk. For counter irritation mix chloroform, camphor,