averted by a more conservative treatment. Moreover, recent statistics show that postpartum eclampsia is very little less dangerous than antepartum or intrapartum convulsions, and that the proportion of cases in which convulsions cease after labor is smaller than is generally supposed. After an extended and repeated trial of both plans, I am better satisfied with the treatment directed solely to the eclampsia without regard to the uterine contents, until such a degree of dilation of the os is secured spontaneously that delivery can easily be secured without violence. In antepartum eclampsia evacuation of the uterus is only indicated if, after the eclampsia is controlled, the patient's urine is persistently albuminous and filled with casts, or if other symptoms of gestational toxemia continue to a degree that excites anxiety. In such a case it is better, if possible, to induce labor slowly by bougies or the Voorhees bags rather than to resort to a forced delivery. Meanwhile the eliminative treatment by diuresis, catharsis and diaphoresis should be actively employed. It necessarily follows that anyone holding these views cannot approve of Cesarean section for eclampsia. There is no treatment of the disease with such a high mortality except the pilocarpine treatment. One has a mortality of over 40, the other of over 60 per cent.

As to the treatment of the convulsions, it is well understood that we must employ two sets of remedies: one to eliminate the poison, the other to quiet nervous irritability and muscular activity. It is generally agreed that normal salt injections, sweats and purgation are the most reliable measures under the first heading. Diuretics during eclampsia are of no use, because the kidneys during the attack are practically nonexistent as excretory organs. There is usually anuria or a scanty quantity of bloody, albuminous urine, in which, by the way, the percentage of area is often normal for a pregnant woman. Venesection should be classed among the eliminative measures; but after resorting to it almost routinely at first, I now rarely do so. Among the sedatives, chloral and opium dispute the field. I confess to a prejudice against the latter, because it antagonizes the eliminative treatment and there is, it would seem, danger of fatal poisoning from the large doses required, in view of the inactivity of the kidneys. The experience of my colleague, Dr. Tyson, who saw fatal poisoning in a nephritic subject from a dram of paregoric, is always present in my mind. For the relief of the arterial tension and spasmodic contraction of the arterioles we have always used veratrum viride. An