tained in all cases is, whether albuminuria be present or not. If it be present, as in all probability it will, and the patient be of full habit, a single full bleeding will be beneficial. But if, on the contrary, the patient be delicate and pale, notwithstanding the congestion of the face, which is present during the paroxysm, we should not be tempted to open a vein. "As to the very doubtful, and sometimes even injurious effects of venesection," says Dr. Braun, "in uræmic eclampsia, Maygrier, Peterson, Kiwisch, King, Blood, Sedywick, Churchill, Litzmann, Williams, Miquel, Schwartz, Legroux, and Thomas, have very strongly expressed their conscientious opinions; and myself avoiding venesection, I have found, after long continued observation, the best results confirm the opinion already expressed, that a general depletion of blood in uræmic eclampsia had very seldom any valuable effect on symptoms, and generally produces irreparable injury." Cazeau differs from our author, and recommends that bleeding should have precedence over all others as a preventive measure; but, while he extols it as a general remedy for the convulsions, he admits, that even when it is carried so far as to weaken the patient, it does not surely prevent congestion of the brain, or even effusion; and that it may, when carried beyond certain limits, itself become the occasion of a fresh excitement of the spinal marrow.

One of the most powerful means to diminish the reflex excitability and weaken the paroxysms, is the induction of chloroform-narcotism. This anæsthetic should be administered so soon as symptoms of an approaching paroxysm show themselves. The narcotism is to be sustained until these symptoms disappear and the patient sinks into a quiet sleep. Should this result not be attained, the inhalation is not to be continued while the patient is convulsed or in a comatose condition. "The chloroform inhalation moderates the imminently dangerous cramps of the muscles of the neck, epiglottis, and tongue, and may be continued even during a persistent trismus, when other medicines cannot be introduced into the stomach, and when loud mucous râles indicate the development of œdema of the lungs." In 16 cases of eclampsia, occurring in succession, which Prof. Braun treated with chloroform and acids, recovery always took place.

It has not been decided whether the beneficial effects of chloroform are to be attributed to its peculiar sedative action on the nervous system or to some chemical effect by which it produces innocuous changes in the poisoned blood. Doubtless it acts in both ways. Simpson is in favour of the latter view, for the reason that chloroform when inhaled produces a temporary diabetes mellitus, sugar appearing in the urine, and probably also in the blood; and it is well known that a small quantity of sugar