up in chloroform and force. By the usual methods of treatment the mortality is 25 per cent. to the mothers and 50 per cent. to the babies.

As to the cause of the eclampsia the writer states that there is some toxin in the system that does damage to the liver and kidneys, causes œdema, and irritates the nervous system. This toxin gives rise to degeneracy in the liver, kidneys and other organs, and that the œdema, blindness and convulsions are results of the damage.

The rational treatment would be to empty the uterus, prevent the further production of toxin, and eliminate what has been formed. In this regard the writer is strong in his advocacy of prophylaxis. Too much of our attention has been directed against the convulsions. The convulsions in themselves do not do much harm, and the child is not killed by the them, but may be damaged by the chloroform, the drugs and the forceps. The use of chloroform is condemned, as it still further poisons the blood and interferes with its oxidation. To stop the convulsions it must be given in large doses, and this is very bad. Further, the patient's lungs are water soaked and it is almost impossible for her to get enough oxygen into the blood. Why give chloroform? Then, again, it is true that the eclamptic liver and the chloroform liver are identical. The form of damage is the same. Why add to the damage?

With regard to morphine the writer is not so strong in his condemnation; but it should be remembered that morphine slows down the respirations, lessens the oxidation of the blood, and favors still further the soaking of the lungs with water. The best treatment is to empty the uterus and not to pay too much attention to the convulsions. When these must receive attention, the best method is morphine gr. ¼, and hyoscine gr. 1-100 hypodermically. This stops the convulsions and produces anæsthesia. Instead of this, however, morphine may be used and some chloral by rectum, with a little ether by inhalation.

Emptying the uterus is not a cure all. Some patients have their convulsions only after labor is over; and in the case of others the convulsions do not stop when the labor is ended. Emptying the uterus is proper, but not for the immediate effect, and the patient should not be sacrificed by too much shock in accomplishing delivery. Some patients who are threatened with convulsions may be thrown into those by the use of chloroform and force.

The treatment then should be:—

1. Alleviate the convulsions as already indicated.

2. Stop the production of more poison by emptying the uterus as soon as possible without too much shock.

3. Combat the poison in the blood. This is done by intravenous injections of salines, from 1 to 3 pints. Wash out the stomach and bowels. Most of these cases are constipated. Hot epsom salts through a tube if