

they do not remove any more of the eclampsia poison than they would strychnine taken by mouth. Hot packs and baths can easily be overdone and the patient exhausted. A profuse sweating after a hot pack is a favorable sign that the body is reacting. It usually means that the kidneys are being relieved at the same time.

Complete anuria is, of course, a very grave sign. If the condition persists more than twenty-four hours in spite of all these measures, the patient is very likely to die. I think that when all these measures have been carefully tried for the twenty-four hours without success, the only hope is in decapsulization of one or both kidneys, as practised by Edebohls. An acute toxic nephritis is present, and the kidney capsule being relatively inelastic, and the kidney being engorged with blood to the extent of shutting off the circulation even, then only operative measures are likely to give any relief.

Short of this desperate condition, I think hot stupes to the loins and cupping are of as much service as in acute nephritis.

I do not give *veratrum viride*, as it only adds another poison and is dangerous if potent. Except in large hospitals, however, it is likely to be inert. It does only harm in those cases of low blood pressure. All the good claimed for it can be obtained in other ways, as I have shown. It is now being condemned. (De Lee.)

Do not give pilocarpine. It is very likely to lead to an acute edema of the lungs, and the sweat it gives is frequently the death sweat.

Accouchement force is a device worthy of the highest praise of Prussian Kultur. The tearing apart of a rigid cervix by the rapid stretching of a Bossi dilator, with the certain prospect of grave injury to the woman and severe shock, if not of speedy death, is most reprehensible.

If there is evidence of dystochia due to the bony parts of the mother being too small or the child too large, if still living, an abdominal Cesarean section is indicated. By using proper protection (such as Halbertsma did not), nerve blocking, etc., after the manner of Crile's anoci-association) the patient can go through the laparotomy with very little shock. Always remember that delivery is not a certain guarantee that the convulsions will stop. Dührssen and Braun claim most convulsions cease after delivery, if this is effected immediately after the first convulsion. Nearly twenty per cent of eclampsia occurs