

tween 80 and 120 m.m. No convulsions occurred after this time. The patient was then delivered by vaginal-Cæsarean section. The other cases were identical. He concludes his paper by stating that no conclusions can be drawn from these cases as in all three, other important therapeutic means were employed. But he is certain of two points: that no harmful effects resulted from any of the cases, and that the general satisfactory condition of the patients seven to eight hours afterwards could not be wholly ascribed to the withdrawal of the cerebro-spinal fluid.

From the results reported it is apparent that further investigation along this line is warranted.

The elimination of the toxin is promoted by means of venesection, purgation, salines and hot packs and baths.

Venesection is of value in sthenic cases, where cyanosis is a marked symptom. It is also indicated when the right heart is over-dilated, and engorgement of the lungs is present. Williams thinks that it should be employed in all cases where the fits continue after delivery of the child. He withdraws 500 c.c. of blood, and injects the same amount of saline solution.

Many believing that the toxin is generated in the digestive tract, urge purgation. The same method of treatment is urged by others in order to favour the elimination of the toxin from the system in general. The Germans do not pay so much attention to active purgation as do the English and French. Magnesium sulphate is the favourite drug, but croton oil is used by many. Personally, I am strongly in favour of saline purgation, as I think it favours elimination of the toxin.

The Germans generally, rely on bowel and stomach washing to clear out the digestive tract. Usually warm saline solution is employed in large quantities and the treatment is repeated at intervals of four to six hours.

Dienst, believing that the alkalescence of the blood favours the oxidation metabolism, suggests the free use of bicarbonate of soda as a drink or clyster. In comatose cases he injects it into the stomach.

Subcutaneous saline injection is also generally employed and with very beneficial results. Acetate and chloride of sodium in the proportion of one drachm to the pint, at a temperature of 100 deg. may be injected into the sub-mammary tissue. The salines are supposed to dilute the toxins and to favour both diaphoresis and diuresis. As a rule the diuretic effect of saline injections is not apparent for at least 24 hours.

Hot baths are useful in the pre-eclamptic stage, but packs and hot air give the best results in the eclamptic stage.

Pfannenstiel reports 35 cases treated by hot packs, without a death.