

He had never used *veratrum viride* as he was not greatly impressed with its value.

Dr. BASCOM advocated blood-letting. He reported two recent cases of eclampsia, in which he had adopted this plan of treatment with beneficial results, recovery taking place.

Dr. SCADDING was not inclined to agree that the liver was the seat of defect in puerperal toxæmia. He considered the oxidation of the nitrogenous substances one of the chief functions of the liver. He was quite shocked at hearing Dr. Longyear proposing emptying the uterus in all cases of albuminuria. He would like to know something of the micro-organisms to which this condition had been attributed. His own idea was that the condition was possibly produced by the suppression of some specific secretion of the kidney which was necessary to maintain the blood in a proper condition. He called attention to the experiments of Tarnier and Lusk, where light was thrown on the prognosis by experiment. Certain graduated amounts of the blood of the patient were ejected into rabbits, the severity of the condition being indicated by the small doses rapidly killing.

Dr. ADAMS reported a case of eclampsia he had recently had. The patient had had ten convulsions. Although advised to bring on abortion—it was the seventh month—he refrained from doing so. Had administered morphia for the convulsions. Under treatment the amount of albumen had decreased from 60 to 10 per cent.

Dr. MACHELL thought no one could differ from the line of treatment Dr. Wright had laid down. A case he had had under observation would seem to negative the theory which referred the causation of eclampsia to hepatic disease. Albuminuria having been discovered, active eliminative treatment was carried on; calomel, being a good hepatic stimulant, was frequently used, as well as magnesium sulphate. Hot baths were also given, after which the patient perspired freely. In spite of all treatment the urine was still loaded with albumen; (no convulsions, however, occurred.) When one was called to a patient in actual convulsions who had not reached full time, the matter of the production of abortion would depend on the severity of the case. If the case was very severe, and the convulsions continued in spite of all other treatment, then labor should be induced, but if the convulsions responded to the treatment, it would be worse than folly to bring on labor. But if the attacks came on at full time, the sooner the patient was delivered the better, but delivery should be accomplished without violence. This would be done usually without much difficulty inside half an hour. He related the history of a case which he attended in which the os was