

must be interrupted, the breast compressed and ice bags applied. Among 1000 nursing puerperæ in Kermarsky's clinic, sore nipples were observed in 51.5 per cent.

PROPHYLAXIS OF ECLAMPSIA.

Knapp emphasizes the fact that eclampsia appears often in quasi-epidemics—*i. e.*, there are occasions upon which, for some unknown reason, this affection is much more prone to occur than otherwise. Our prophylaxis, however, is restricted to cases which exhibit edema of the eyelids, skin of abdomen, vulva, legs, etc., and in which albuminuria is present. There are certain cases in which these gross features are absent, and in which there is only a persistent malaise ; such cases may lead up to an "eclamptic aura" and convulsions. In the classes just enumerated, then, we have definite prophylactic indications.

But there are other cases in which everything appears to be progressing favorably toward a successful parturition. Suddenly there set in headache, nausea, vomiting and gastralgia. There is a general sense of discomfort, psychical excitability, and a train of nervous symptoms which herald the early appearance of convulsions. To foresee a possibility of eclampsia in cases which are devoid of advance signals, a careful testing of the retina and field of vision should be undertaken.

Broadly speaking the prophylaxis embraces avoidance of psychical disturbances, avoidance of dietetic errors, and protection from exposure. To secure these ends we must insist upon rest in bed (complete), exclusive diet of milk with diuretic waters (lithia), alvine evacuations secured artificially if necessary. To secure diuresis we must be prepared to resort to the salt solution. If there are actual renal lesions, as shown by the presence of marked edema, hot baths and the hot pack are indicated. As eclampsia is synonymous with convulsions we can no longer speak of prophylaxis after the first convulsive seizure has occurred.—*Obstetrics.*

TREATMENT OF PUERPERAL INFECTION.

A. W. W. Lea draws the following conclusions from a series of 48 cases. A rise of temperature over 101.4 during the puerperium, not obviously accounted for by other causes, should lead to a thorough examination of the genital tract. If no explanation is found, a uterine douche should be at once given. If the temperature falls definitely within twenty four hours, no further explanation is necessary. If, on the other