is never justifiable. The beneficial effect that it sometimes apparently has may be secured by other means, and quite as promptly, too. The great majority of these patients are anæmic as it is, and can ill afford to lose any hæmoglobin, even though many of them look stout, strong, and well-nourished.

The great antidote for these cases is morphia; and, as it has to antagonize perhaps a considerable amount of poison, it must be given in comparatively large doses, gr. ½—ij., hypodermically, repeated as often as may be necessary to control the spasms, or rouse from the coma. This drug acts probably in two ways—(1) by diminishing the excitability of the nerve centres; and (2) as a physiological antagonist to the toxa in the blood. Morphia, however, is not to be used indiscriminately, and I would suggest as contra-indicating its employment, convulsions with contracted pupils. In most of the cases we have dilated or normal pupils, and in these, morphia is the remedy; but in some instances it would seem that a myotic poison is present in addition to the convulsants, and probably it is in these instances where morphia fails.

Another remedy is very highly spoken of by some authors recently, veratrum, and as a substitute for bleeding it is to be recommended. The tincture may be used hypodermically in m ii.—v. doses. Of chloral hydrate and potass. bromide, I need say nothing farther than that they are rather too slow in their action, though they are valuable adjuvants. Chloroform inhalations, of course, are very useful, and should be had recourse to when any obstetric operation is attempted. Brisk purgatives, too, like croton oil, sometimes do good. Diaphoresis should be encouraged by hot-water bottles, vapor baths, and the internal administration of jaborandi, or better, the hypodermic injection of pilocarpin. During the fits, which are usually of short duration, very little can be done, except to prevent the patient from injuring herself; but the treatment should be carried out in the intervals between the fits.

With regard to obstetric management, the course to be adopted depends on the period of gestation at which the convulsions come on. If before the fœtus is viable, it will be well to let the uterus alone and attend to the medical treatment. But if this fails, the question of emptying the uterus will present itself; this, however, should be the last resort.

If the convulsions come on after the fœtus is viable, and before labor has begun, it is perhaps best, in the interests of both mother and child, that labor should be induced as rapidly as possible. The os should be dilated so as to admit of the application of the forceps if possible, or version may be performed. If the convulsions come on after labor has begun, and the pains are strong and regular, chloroform should be administered, and the case left to nature to complete the delivery; but if there is a prospect of the labor being prolonged from any cause, we should interfere, and effect delivery without delay.

I am aware that this is not the teaching of some of the text-books, but I hope this matter will be fully discussed by those of you who have had some experience in such cases.

I shall now relate a case which occurred to me this last summer, and which illustrates most of the points I have referred to, and which, I am happy to say, was followed by a good recovery to the mother though fatal for the child.

Mrs. W., referred to me by Dr. Baldwin, handsome brunette, æt. 25, height 5 ft. 6 in., weight, 130 lbs., youngest of a family of eight, married between three and four years, no children.

Family history: Maternal grandmother died of heart-disease; father living, æt. 63, in good health; mother died æt. 49, had always suffered from asthma, and for some years from heart disease and dropsy, she died from right hemiplegia, forty-eight hours after being seized. One brother died of typhoid fever; another brother now has asthma. Other members of the family have generally enjoyed good health.

Personal history: She had the ordinary diseases of childhood, including scarlatina when two years old, a slight attack. When about twenty she had some low fever and marked anæmia, with a good deal of lumbar pain, and trouble with the kidneys. Three years ago she had another attack of lumbar pain and some kidney trouble; and she has always been more or less anæmic. Menses began at age of thirteen and a-half, and were very irregular; at times amenorrhœa, then menorrhagia, never much pain; but latterly she has complained of a sharp pain