

sia, except in those rare instances wherein albumin precedes it by a few hours or a few days. When the convulsion declares itself, treatment depends entirely upon whether the woman is in labor or not. If not, all obstetrical methods are discarded, and only medical measures are used. Of these, preference is given to chloral and chloroform. Chloral may be considered the specific in puerperal eclampsia. There are several ways to administer it, though not all are equally favorable. Large doses by the mouth produce serious irritation of the gastric mucous membrane, and at the same time are but slowly absorbed. Hypodermic injections are also objectionable. The best method of administering chloral is by the rectum, in the following form of enema :

Chloral hydrate	- - -	4 grammes.
Milk	- - - - -	100 grammes.
Yolk of one egg,		

This enema must be given with great care and precaution, for the patient is often in much motion. A syringe used for hydrocele is the one to employ, the extremity capped with a soft rubber sound of eighteen or twenty calibre. This is anointed with borated glycerine and introduced high into the rectum, and the enema gently given. In this way danger of injuring or perforating the rectum is averted. The injection is rarely expelled. If it is, it must be administered in the same way a second time. This rectal injection should always be given when, at the commencement of labor, there is agitation, restlessness, frontal headache, difficulty of vision, or pain in the epigastrium. It will often avert an eclamptic attack. If, at the end of three hours, the seizure continues and the temperature remains high, another enema may be given, containing, as before, four grammes of chloral. As many as fourteen, sixteen, or even eighteen grammes may be given in twenty-four hours. The milk and egg render the drug less irritating, and these large doses are well supported. Chloroform is the next best agent in eclampsia. It is a powerful remedy, to be used while waiting for the action of chloral whenever a woman is in an eclamptic seizure. Often chloroform will ward off an attack that is imminent, and should be given on a handkerchief whenever such a catastrophe is suspected. Inhalations must

be kept up until there is complete muscular relaxation. It is well borne, and may be used when necessary for several hours, even for twenty-four hours, to keep the body in a state of relaxation. Because there have been no accidents is no excuse for neglect of any and every precaution. The physician should never leave the bedside of an eclamptic patient for any pretext whatever. The patient should be isolated in a warm room, far from noise or shock, and kept in half darkness. Every movement and examination should be avoided as far as possible, for even a touch may suffice to bring on an attack. It is necessary to sit by the bed to keep the woman covered and prevent her from falling out. If she strikes or attempts to do herself harm, the hands must be held by persons in attendance. Tying the woman, or putting on a strait-jacket, impedes respiration and is a source of great danger. To prevent biting the tongue, a thick wad of rolled linen may hold it back of the dental arches. Wood or metal thus introduced may break the teeth. Drinks should not be given in porcelain or glass that easily breaks and thus becomes a cause of serious injury, but from a tin nursing-bottle. The attack once passed, the dose of chloral in the enemas is reduced, and these are decreased in number. Four grammes of chloral a day are soon sufficient. Purgatives, even drastics, or purgative enemata, every two or three days until convalescence is established. During labor, when there is a convulsion, these same precautions and rules are to be followed. But vaginal examinations are essential, for there is nothing to tell how matters are progressing except the touch, and the child may be born and smothered. Particular care must be given to the perineum, which is weak in all albuminurics and specially liable to great damage. When dilatation is complete, and not an instant before, the child must be delivered rapidly by the forceps. Naphthol may be used as an antiseptic. The perineum must always receive special attention, and the physician must be constantly on his guard against hemorrhage. Never consider a woman cured because puerperal convulsions are over. They may return at any moment. The urine must be examined daily and milk diet kept up until albumin has entirely disappeared.—*Med. Record.*