

child is born. I carried on one of my cases in this way after the patient had had eight convulsions for seven weeks, when a healthy child was born, and thrived. In two cases it happened that when the morning course of salines was omitted, owing to the bowels having moved early in the morning, that convulsions came on again at night. In one of them, after the patient had been kept free from convulsions for a week. Calomel, grms. v, with a drachm of compound jalap powder, as recommended by Jellet, I have also found very useful. In case of unconsciousness, 2 mms. of croton oil may be introduced through a stomach tube.

For anæmia the tincture of the acetate of iron with liquor ammonia acetates, or the unmodified Bland's pill have answered very well.

For the control of the convulsions, morphia hypodermically is the most effective and safest remedy; one-half a grain followed by one-quarter at intervals of an hour, if the patient continues restless. In one case I found it necessary to supplement this by a hypodermic of veratrum viride, twenty minims of the fluid, extract. This acted very well, rapidly reducing the tension and frequency of the pulse, and producing free perspiration; uninterrupted recovery ensuing. I should not use this drug, certainly not in such an heroic dose, if there were any signs of heart failure or edema of the lungs.

*Control Labor Pains.*—The induction of premature labor is contra-indicated, but if labor sets in, hasten it to the close under full anesthesia.

*Control of the Nervous System.*—In my cases bromide and chloral have not proven satisfactory, threatened convulsions not being kept off by large doses.

Much more satisfactory have been the isolation of the patient and the cutting off of all peripheral stimuli. In one patient who had had a few post-partum convulsions and was apparently quite convalescent a convulsion was started by putting the baby to the breast.

I think that chloroform, chloral, and pilocarpine, are contra-indicated in all cases, owing to their tendency to produce heart failure and edema of lungs. To prevent asphyxiation pneumonia the patient should be turned on her side during the unconscious stage, and during the convulsion should be prevented from biting her tongue.

To reduce pulse tension glonoin in doses of one minim of the one per cent. solution has given me good results.

This forms the system of treatment. With regard to normal saline solution given subcutaneously, I would say that I found it act very well as a diuretic. In the prolonged unconsciousness which follows the convulsions and their treatment, I think