

baby showed some signs of life, in that there were some reflex movements but it was impossible to get it to breathe. Whether this was due to the morphia administered to the mother or not is a question

I am sure we have all seen infants survive after just as great dosage and again, and perhaps more frequently, others born dead, following convulsions where no morphia had been used. While from the standpoint of the infant's life I believe that the convulsions are more to be feared than the morphia, at the same time I think that the drug is not without danger in such heroic doses, and that where prompt delivery can be affected it would be better to withhold it altogether or materially lessen the dose.

In each of these cases the picture of eclampsia was complete, and the examinations of the urine showed the presence of albumen with casts in large numbers.

In each case delivery was followed by the usual eliminative and dietetic treatment.

In the last one before the patient left the operating table the stomach tube was passed and a quart of solution of soda bicarb, used to wash the stomach, afterward two ounces of a saturated solution of magnes. sulph. being run into the stomach and left there.

It is not my intention to go into the subject of eclampsia at length, but there are one or two observations I would like to make.

While the weight of opinion of those best qualified to express themselves on this matter is overwhelmingly in favor of prompt termination in all cases in which a convulsion has occurred, there are still some who counsel medical means and temporizing.

With expectant plans whether it be with morphia, chloral, veratrum veride, or elimination, the mortality remains practically the same, viz., thirty per cent. In ninety-three cases, from 1900 to 1905, treated by immediate delivery by vaginal section by Bumm there was a mortality of 2.8% and Veit has done the same operation thirty-three times with one death.

I quote these instances from among many similar ones which might be referred to show that there can be no question as to which plan of treatment offers the mother, and I would add the baby, too, the best chance for life.

The removal of the cause is the most rational method of procedure, and as this disease is peculiar to pregnancy, and the pregnant woman differs from others only in the fact that she is pregnant, it is reasonable to assume that the uterine contents, be it the child or the placenta, are the source of some toxic material upon which the other phenomena and the pathological changes in the mother's tissues depend, and that their