

well. Orders were left for the withdrawal of blood and for a subcutaneous saline if there were any more convulsions.

March 24th.—Patient has a severe headache. Seems dazed. Bowels are moving freely. Slight twitching of the muscles of the extremities. Slept most of the day. Restless and twitching and headache. At 6.15 p.m. given one-quarter grain morphine sulphate hypo. Bowels moved freely. At 7 p.m. she had another convulsion. Dr. Baker withdrew four ounces of blood and put her in a hot pack. There was no reaction to this. At 10 p.m. she had another convulsion which lasted a long time. She was put in a hot pack for half an hour and sweated well. She was very violent. Tap water was given by the bowel continuously. At 1 a.m. she had a convulsion, was very cyanosed and very weak; thready, low-tension pulse. Dr. Beatty, our pathologist, who was available, withdrew fourteen ounces of blood, and Dr. Baker gave about 1,500 c.c. of sterile normal saline under the breasts and into the axillae, and gave one-quarter of a grain of morphia hypo. Urine was voided involuntarily. The pulse improved and she had no more convulsions. Although she had severe headaches for several days after this she gradually improved and the urine increased in volume and the albumin gradually disappeared. I have examined the urine repeatedly, and there is not the slightest trace of it. She was naturally weak for some time, and a few days ago her blood showed 75 per cent. hemoglobin. She has lately come to me privately and the uterus is subinvolved, but gradually going down under hot douches and glycerine ichthyol tampons. I am giving her hypodermic injections of iron and arsenic, Zambaletti, with some improvement.

Thus it will be seen that in actual hospital practice, where there are rapid changes of the resident staff, it is hard to have a technique carried out at first until a series of precedents are handed down. But imperfectly as these methods have been carried out, they have given results that are not surpassed by any other, and are superior to most.

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*Addenda:* Since writing this paper, I have had some four ward cases of pre-eclamptic toxæmia, two post-partum, which yielded to the above measures without convulsions. I saw three cases in consultation—one woman, delivered of dead child, was very edematous, gasping for air, venesection recommended, 25 oz. of blood withdrawn, immediate improvement, also inhalations of oxygen and hypodermoclysis, cure; 2nd case not so severe, cure; 3rd case had not obeyed her doctor's orders, had not seen him for months, had three convulsions, long attempts at forceps extraction, then breech delivery. Patient moribund when I first saw her, failed to respond to any stimulation; my prognosis of speedy death confirmed in half an hour.