may be absent, the amount of urea eliminated may be far below normal. Therefore, a thorough analysis of urine, total quantity in twenty-four hours, specific gravity, quantitative estimation of urea and microscopical examination of the sediment should be made from time to time. If the amount of urine be 40 to 50 ounces, with specific gravity 1.016 to 1.020, urea above 1½ per cent., there need be little apprehension. It should be borne in mind, however, that many pregnant women excrete less than 1½ per cent. of urea without any apparent ill effect. In every case, therefore, the constitutional signs and symptoms should be closely scrutinized. When intoxication exists, as manifested by slight digestive disturbance, headache, etc., the regulation of the bowels and restriction of the diet will suffice. Persistent headache, vertigo, uncontrollable vomiting, disturbance of vision, insomnia, neuralgias showing involvment of the nervous system, will call for more vigorous and active measures. Free purgation, hot baths, absolute milk diet and rest in bed should be enjoined. Diuretics are of secondary importance, and of little use until the bowels and skin have been freely acted upon.

The medical treatment will vary according to the exigencies of the case. If there be pre-existing cardiac disease or chronic nephritis, remedies appropriate for these diseases should be used. In the former digitalis, strophanthus, strychnia and other heart tonics are serviceable, while in the latter nitro-glycerin is of inestimable value. In the acute nephritis of toxemia our chief reliance should be upon free catharsis and diaphoresis. Mercurials followed by salines, hot-air or plunge baths followed by envelopment in blankets, subcutaneous or rectal injection of normal salt solution frequently repeated, citrates of caffeine and lithia, and abundance of water, are the measures that have proved very successful in our hands. If, in spite of vigorous treatment, the volume of urine is not increased and the excretion of urea remains stationary or diminishes, together with the persistence of menacing constitutional symptoms, it will be necessary, particularly if the fetus is viable, to terminate the pregnancy. As a rule, if the eclamptic attack occurs during pregnancy, particularly during the latter weeks, it generally excites uterine contraction and precipitates labor. In a majority of cases the fetus dies before delivery. In some cases, however, uterine action does not bring on labor, but the child succumbs *in utero*. In this event the eclampsia usually ceases, albumin decreases or disappears from the