

the aspiration of vomitus, infected secretions, etc., that might easily give rise to an aspiration pneumonia.

(3) Remembering constantly that eclamptic women are very easily infected, and taking every precaution to avoid sepsis, give 1,000 c.c. of normal saline at 100 Fah. under the breasts, not into them. The sterile normal saline, being a very stable salt solution, is not likely to add to the sodium concentration present in eclampsia. I have the area into which the needle is to be injected painted with tincture of iodine, 2½ per cent. iodine in ethyl alcohol. This hypodermoclysis is of the utmost value in diluting the toxins and preventing thrombosis and inducing diuresis. Jardine, of Glasgow, has had very fine results with it. He adds sodium acetate. Williams and De Lee are very favorable to it.

(4) Withdraw a quantity of blood by aspiration of a vein, under antiseptic and aseptic precautions, or do a venesection. This directly lowers the blood pressure and removes a definite amount of the eclamptic toxin which is causing the convulsions and the high blood pressure. The amount of blood to be withdrawn is a matter of good judgment. A big, plethoric woman who is cyanosed can stand the withdrawal of 20 to 30 ounces easily, with the greatest benefit; the volume of the blood is replaced by the saline. In an anemic, emaciated woman, with low blood pressure, the abstraction of five or ten ounces of blood does good. The underlying principle of removing an inorganic poison from the stomach in poisoning is just the same. There may be considerable difficulty in getting any blood, for the tendency for the blood to clot is very great. Cases where it is at first impossible to get any blood from a vein, after the lapse of a couple of hours, become easier, because the blood is diluted by the saline. In one case I shall quote later, that of post-partum eclampsia, the withdrawal of twenty ounces of blood had a most dramatic effect. I have never seen a case of eclampsia where definite good was not accomplished by the withdrawal of blood. I have never seen a case of eclampsia followed by post-partum hemorrhage. Most of the recent works strongly recommend blood letting (Williams, De Lee).

(5) Empty the uterus. Carefully examine vaginally to ascertain the condition of the cervix. If it is soft and will admit three fingers, get the woman prepared for instrumental delivery. Give a general anesthetic. Nitrous oxide and oxygen are the best, then comes ether. The cervix can now be