

more general since. The argument of this class is that eclampsia is a product of pregnancy, and that, therefore, the sooner the pregnancy is terminated the quicker will the source of the toxin be removed. The fact that the eclamptic frequently improves upon the death of the child in utero, is advanced in support of this view. This class is again divided, particularly in Germany, where the argument is heated in the extreme, as to the method to be adopted in terminating the pregnancy. There are three parties, one devoted to dilating the os by means of instruments, or manually; the second preferring incision; while the third, by far the smallest class, advocates the abdominal route, i.e., Casarean section.

The conservative treatment then is directed towards controlling the convulsions and securing the elimination of the toxin, leaving the pregnancy to be dealt with when the os has dilated sufficiently to permit delivery by forceps or version. What might be called the active treatment is first to clear out the uterus as rapidly as possible, and then to endeavour to secure elimination of the toxin.

Believing the convulsions to be due to toxic nerve irritation, resulting in spasm of the vaso-motor system, nerve sedatives and vaso-dilators are administered in order to secure control. The Germans use but few drugs—chiefly morphia and chloroform—while many, as in the Giessen clinic, use no narcotics.

The nerve sedatives employed are chiefly chloral, morphia and chloroform. Both English-speaking and German physicians employ chloroform to control the actual convulsion, while many limit its use to the time of delivery. It is believed to relieve the venous congestion by lowering arterial tension.

Morphia is usually administered in large doses, $\frac{1}{4}$ – $\frac{1}{2}$ grain. It is believed to inhibit metabolism, thus stopping the formation of toxin, and to overcome the vaso-motor spasm, thus favouring urinary secretion. Veit, who thinks that generally an insufficient amount is used, has given as much as three grains in four hours, but, as a rule, the maximum dose in 24 hours should not exceed two grains. Berkeley, who has canvassed the obstetricians of Great Britain upon the treatment of eclampsia, states that the majority of English physicians employ it. He quotes Löhlein, who has collected 325 cases, with a mortality of 13.3 per cent. where this drug was used.

Chloral is employed by a few Germans, but the majority of English physicians have abandoned it. Charpentier recommends its use in large doses, he giving as much as half an ounce in 24 hours. Many concede that it may be of use in the milder cases, but should not be employed when coma is marked.