

think the great point is rapid delivery, as Dr. Little has said. If I had a case, which I did not so very long ago, in which the woman was brought in convulsions, my intention was to deliver her by *accouchement forcé*. In the case I mention, however, I found it was impossible as there was a long cervix and a hard os, so we did a Cæsarean section and she made an uninterrupted recovery. With regard to veratrum viride I have never been in favour of it, and I think the methods suggested by Dr. Little in the treatment are quite sufficient to bring a case to a successful termination if anything will. In these cases it is exceedingly important to get the arterial hypertonus. It used to be called arterial tension, and it is interesting to realise that really the arterial tension is practically no greater than in health, although the contraction of the vessels themselves is in a very different condition. With the use of the sphygmomanometer you can foretell an approaching convulsion by the rapid and high increase of the hypertonus of the vessel; when it goes above 150 you can be almost certain that you are going to have a convulsion. I feel that Dr. Little's treatment of the cases is all that anybody could suggest with the exception of the blood letting, which, unless there has been no blood lost, I do not feel is as advantageous as some represent it to be. It rather leaves the woman in a worse condition than she would otherwise be. And the means such as hot pack and salines help very much better the other treatment. As regards morphia and of course all other drugs I think they are objectionable. It is apt to injure the child for one thing, but if the woman is restless after the child is born it may be indicated.

H. M. LITTLE, M.D. I should have impressed more strongly the fact that in dealing with this question I have considered only the cases of eclampsia; if I included the cases of toxæmia in which treatment was undertaken my figures would have been considerably higher. The cases reported are all cases in which convulsions had occurred.

I left out, with intent, all reference to the theory of the causation of eclampsia. Whatever the cause, we know that there is some toxin circulating in the blood causing it to coagulate more rapidly, and for this reason the blood loss at labor is usually very slight unless there is some mechanical hindrance to contraction of the vessels in the uterine wall; hence the reason for the blood letting.

In answer to Dr. Morphy I would say that in cases where the cervix is so tightly closed that it cannot be dilated by Harris's method, I think the patient should be sent to a hospital where she could be treated radically; when this is impossible treat her expectantly: you must consider the mother before the child. Personally I think vaginal section is