

SYMPTOMS.

1. Prodromal.—(a) Eye symptoms— Amaurosis complete or partial, temporary or persistent (may persist for some weeks—not as a rule permanent). Asthenopia, amblyopia, or diplopia, flashes of light. (b) General Symptoms—Headache, dizziness, tinnitus aurium, drowsiness, nausea, vomiting. (c) Mental.—Depression or excitement. (d) Epigastric Pain—(a) and (b) occur with a fair degree of constancy in about one-fourth of all cases for some hours or some days. (e) Urinary—Alb. casts, diminution of urea. (f) Edema. (g) High tension pulse.

2. Actual.—(a) Convulsions. (b) Fever as case progresses. (c) Edema of lungs. (d) Cerebral-hemorrhage, sometimes long after convulsions have ceased. (f) Frequent high tension pulse.

Nothing in all this list contradicts the conclusions we have already come to, but rather strengthens us in them; and I think we may add one or two things to our indications for treatment. When we consider the influence that labor pains have in bringing on convulsions, it is evident that some treatment should be directed towards them. Our fourth indication then will be the *control of the labor*.

Nervous temperament undoubtedly has a great influence, and we shall, therefore, add the *control of a hypersensitive nervous system* as our fifth indication for treatment.

CAUSES OF DEATH.

Heart failure. Edema of the lungs. Aspiration pneumonia. Exhaustion. Cerebral hemorrhage. Gastric hemorrhage.

The indications to be taken from these are chiefly of a negative character—to avoid the use of remedies which might lead to heart failure or edema of the lungs, and to reduce pulse tension, which is the cause of the cerebral and gastric, hemorrhages.

To sum up, then, we have to treat: (1) A toxemia; (2) an anemia; (3) to control convulsions; (4) to control labor pains; (5) to control a hypersensitive nervous system; (6) to avoid causing edema of the lungs, heart failure, and high tension pulse.

I have no new remedies to offer, but simply a choice of those which have already been tried. The treatment is mainly that which has been taught for some time by Prof. Wright, and which I have had many opportunities of putting into practice during the last three years.

For the toxemia, elimination by purgation with calomel, accompanied by magnesium sulphate in half-ounce doses of the saturated solution. In antepartum cases this saline purgation, with an occasional dose of calomel, must be kept up until the