

## POINTS IN THE TREATMENT OF PRE-ECLAMPTIC TOXÆMIA,

1. Rest in bed ; Sedation ; Sleep.
2. Restoration of Water Balance : Rest  
Check Output  
Restrict intake  
Eliminate salt  
Morning saline
3. Diet : relatively rich in carbohydrate with a generous helping of butter ; vitamins ; iron if indicated. Protein restriction over a period of longer than a few days is avoided if possible.
4. Blood transfusion if the degree of anæmia justifies it.
5. For oliguria in severe cases : Procaine in Dextrose Drip and Splanchnic Sympathetic Block.
6. For rising blood pressure in severe cases : Intravenous Hexamethonium and Veratrum Viride.
7. Pentothal Drip in selected cases.
8. Induction or Cæsarean Section if indicated by failure of response to treatment.
9. Postnatal Care and Follow-up.

Eclampsia is treated on the lines indicated in the Report for 1951.

## ECLAMPSIA

1. 728. Aet. 39, grav. 1. Attended antenatal clinic. Admitted 36 weeks with B.P. 150/90, albuminuria ++ and œdema. The response to treatment was not satisfactory, so labour was induced by bougies at 38 weeks. In the later stage of labour, the toxæmia seriously exacerbated to B.P. 230/120 and solid albuminuria. She had a single fit in the second stage, which was terminated by forceps. Baby 5 lb. 4 oz. survived. Residual hypertension on discharge.

2. 1303. Aet. 27, grav. 7. No antenatal care. *See* Maternal Mortality, No. 5.

3. 1682. Aet. 28, grav. 1. Regular antenatal attendance. Twin pregnancy with mild hypertension from 28 weeks and albuminuria + and œdema at 36 weeks, when she was admitted. Allowed home after one week, at her own insistence. Readmitted 38 weeks and again took her discharge. During labour at term, the toxæmia exacerbated to B.P. 200/130 and albuminuria ++++. She had a single fit in the second stage : pentothal drip, intravenous mag. sulph. etc. Twins delivered by forceps and internal version. Survived, 7 lb. 6 oz. and 5 lb. 4 oz. Good recovery.

4. 1833. Aet. 27, grav. 1. Attended antenatal clinic. History of acute nephritis 6 years previously and mild essential hypertension. First admitted 26 weeks with B.P. 160/100 and a trace of albuminuria. Responded well and renal function tests were satisfactory. Re-admitted 33 weeks with B.P. 180/110 and a trace of albuminuria. B.P. reached 210/120 and the albumin increased. Induced by bougies. Single fit in second stage after 5 hours' labour. Low forceps, 5 lb. 3 oz., survived. Three further fits within 30 minutes of delivery treated by morphine and mag. sulph. Made a good recovery with residual B.P. 140/110. Cæsarean Section, rather than induction, may have been indicated.