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### PUERPERAL ECLAMPSIA.

By C. J. FOX, M. D., *Pubnico, N. S.*

THIS is one of the most alarming of the accidents of pregnancy or confinement, and though not of very frequent occurrence, being stated by Rosenthal to occur in  $\frac{1}{2}\%$  of all cases of pregnancy, and by Dr. Churchill in about  $\frac{1}{3}\%$ , it is yet one which on account of the uncertainty of its appearance, the danger to life and the marked effect it has on friends and attendants, merits the careful attention of those whose business it is to assist woman in this, the supreme epoch of her life. The accoucheur, more especially, should be thoroughly prepared to meet every emergency. The bed of the parturient woman offers no chance to consult charts, the storm is upon him and without the necessary knowledge his charge may be lost.

While I may have nothing new to offer for your consideration, I take it as good service to bring forward the matter for the intelligent discussion which I am sure it will receive at your hands. In all the domain of obstetrics, there has perhaps been no subject upon which such diverse opinions have been entertained as in the one now under consideration. In regard to the origin of convulsions, theories have been advanced which are diametrically opposed to one another, and this by writers on both sides eminent in the profession and in medical literature. Such being the case, it may look like presumption to enter the field of discussion at all, but I shall be satisfied if I can give the appearance of harmony to what to the casual reader seems like a chaos of conflicting ideas.

One class of writers attributes convulsions entirely to central causes, another claims that they are purely and exclusively reflex in their origin, while a third recognizes the possibility of each of these being sufficient to bring about the undesired result.

In the first class we find Frerichs, who in 1851 claimed that puerperal eclampsia is only observed in those who have suffered during pregnancy from Bright's degeneration of the kidneys with the presence of carbonate of ammonia in the blood as a resultant of the decomposition of the urea.

Taking albuminuria as the precursor of uraemia, it would seem that we should meet with convulsions more frequently than we do, since Dr. Lautos reports having found albumen present in 60 per cent. of 600 newly delivered women, while the same writer met with a ratio of only one case of convulsions in 278 confinements.

It seems scarcely sufficient that in a given case we examine the urine, find albumen and absence of urea and behold we have the cause of convulsions when in fact the same condition exists in more than one half of all women confined. And further, may not the albumen found after a convulsion be considered as a result rather than cause; standing in the same relation to the attack as the albumen found after an epileptic fit?

While the vitiated condition of the blood as a part of albuminuria may, without doubt, produce a tendency to eclampsia which some immediate irritant precipitates into an attack, there are other poisonous agents in the blood at this time quite as capable at other times and under conditions of producing the same result. Dr. Hughlings Jackson advances the theory that convulsions in children are caused by the action on the brain of blood, which on account of embarrassed respiration has failed to become properly aerated, and in this condition a slight matter, such as a fit of coughing, may produce an explosion.

And just here I would suggest the analogy that may exist between the condition of the nervous system in childhood and the state of super-sensitiveness of the same in pregnancy. Assuming such to be