

grief, continued disturbance of sleep, exercise a reaction on the growth of the hair. In cases where there is a delicate health and a deficiency of sebaceous substance, tincture of bearberry renders the hair soft, glossy, and flexible.

22 Darmouth Street, Boston, February 22, 1887.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Jan. 14th, 1887.

J. C. CAMERON, M. D., PRESIDENT, IN
THE CHAIR.

Bromide Rash.—Dr. BLACKADER exhibited bromide or iodide acne.

Dr. STEWART asked if bromide of potassium had been administered alone, and suggested the practice of combining Fowler's solution to prevent a typical case of bromide acne.

Dr. BLACKADER replied that he usually administered a combination of the bromides of potassium with sodium or potassium and ammonium, but had forgotten the exact prescription. The dose was about 40 grains daily,

Wound of the Internal Jugular.—Dr. BELL exhibited a patient who had recently met with an accident resulting in severance of the internal jugular vein. The patient was convalescent.

Dr. SHEPHERD thought that the laryngeal trouble might be due to division of the superior laryngeal nerve, with, perhaps, some fibres of the inferior laryngeal, and suggested that instead of permanent ligation of the carotid artery a temporary ligature might have been passed about the artery, and its effect on the hemorrhage noted.

Dupuytren's Contraction.—Dr. R. J. B. HOWARD read a short paper on a case of Dupuytren's contraction, which he illustrated by a carefully made dissection.

Dr. SHEPHERD said he had always connected this affection with a gouty diathesis. It was very rare in this country, but rather common in England. It occurs frequently in old men, especially in the right hand, probably from the use of a stick. Authorities agree that it is rare in women, but during four years in the General Hospital he had seen only one case, and that was in a woman.

Puerperal Eclampsia.—Dr. LAPTHORN SMITH then read the following paper on this subject:—

As the elements of doubt as to the ætiology of this disease are being gradually eliminated, and as the mechanical nature of its origin, which was not long ago scarcely entertained, is being more generally adopted, I propose to make the following case the text for a brief discussion on the nature of the phenomenon with a view to laying down, somewhat dogmatically, a certain principle of treatment. This I think I am able to show, even within the limits of a very short paper, we are fully warranted in doing, and if such a thing can be done, it will materially help many of us younger men, who have often to be guided by the experience of others who have not always very distinctly told us what their experience was:

Mrs. M., aged 28, married at 24, had her first child a year afterwards. Two years after marriage she became a widow, and remained in that condition until nine months before I saw her, when she was married again. She became pregnant the next month, and when she had reached the seventh month, or a little latter, I was engaged to attend her in her confinement. As I was informed that her feet were beginning to swell, I asked for a sample of her urine, which on examination appeared clear when warmed, but very muddy on cooling, and was found to contain no sugar, but was loaded with albumen. On examining her next day I saw that her legs were full of dropsical effusion; the labia were so swollen with liquid that she was unable to sit down; her bowels were confined and urine very scanty; she had occasional slight headaches; no disorder of vision nor of intellectual faculties. She had no trouble whatever with her previous confinement, and felt quite well during the first six months of this pregnancy, but her abdomen was so large that I suspected twins, especially as another case of eclampsia which I attended also occurred in a twin pregnancy. I gave her cathartics and a mixture of squills and digitalis, and placed her on a strict milk diet. As this failed to ameliorate her condition, after a week's trial, I changed it to digitalis and iron, with no better result. As she was rapidly getting worse, and toxic symptoms began to manifest themselves, I began to consider whether it would not be better to induce labor and empty the uterus. For I believe, as I shall show later, that the albuminuria and uræmia are due to the passive congestion or inflammation of the kidneys, caused by mechanical pressure on the renal veins by the enlarged uterus. Before taking