

at its annual meeting in July last, enacted the following by-laws:

*Resolved*,—That the examination fee to be imposed by the Council shall be thirty-five dollars, to be paid to the Registrar at the time of making application.

*Resolved*,—That the Council shall provide members of this Society with a certificate or diploma of membership on parchment, for which a fee not exceeding five dollars shall be paid.

The Secretary of the Council issued a circular to all the members, requiring this fee to be forwarded in advance, and that fifty, at least, were required to contribute and forward the amount. The following gentlemen have responded, viz.: Drs. Robt. D. McLaughlan, St. Peter's; Joseph De Noyer, Tignish; William Kerr, Malpeque; W. W. Alexander, Hemmingford, Que.; F. C. Lavers, New Ross, Nova Scotia; John McInnes, Red Point, Lot 46, P.E.I.

It is to be hoped that forty-four others will respond at once, as nothing can be done to procure plates and engraving unless the full complement has paid in. Those who have contributed will understand that the Medical Council is powerless to complete the work when the members of the Society are so derelict in their duty. Come, gentlemen, wake up, and forward your money at once. If you ever desire to leave this sand-bank, you want a decent certificate to show you were in reputable practice while here.

A. M. N.

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### Original Communications.

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#### ECLAMPSIA.

BY D. BECHARD, M.D., BELLE RIVER, ONT.

It is not my intention to launch out into some startling developments as to the diagnosis and treatment of albuminuria in pregnancy, and its subsequent result, eclampsia—especially when not taken in time to prevent its occurrence. Indeed, I would not deem it consistent with my present object in introducing this subject for the consideration of the medical profession at large, to deal with it in any other manner than through my own personal experience. The case which has fallen under my care is briefly as follows:

Mrs. E., aged 22, of French origin, has been

married a little over six months, primipara, residing about five miles from my office and residence. On Monday, July 17th, at about 8 o'clock in the morning, I was called upon to go and see the patient. I was told before going that the woman was having convulsions in rapid succession, and I at once made up my mind that they were puerperal convulsions. I at once proceeded to the house, and when I reached there she was having convulsions every ten minutes. I proceeded to examine her, and I found that the woman had been pregnant about six months; œdematous eyelids, and face pale and puffed up. Her mother made me to understand that in the morning about five o'clock, as she was getting out of bed, she took a strong chill, and she asked for a blanket to cover her up. Her mother proceeded to get the blanket, and when she returned she found her in those fits. She said that the patient had been complaining for the last four or five days of headache and dimness of sight, but took no heed of it, as she thought it was a slight everyday indisposition. As soon as I had obtained the history of the case, and saw the symptoms accompanying those convulsions, I came to the conclusion that I had to deal with a case of eclampsia, the result of albuminuria, pure and simple.

I at once put her under the influence of chloroform. I administered  $\frac{1}{4}$  gr. morphia, 1-150 gr. atropia hypodermically, and I gave her 5 gr. calomel and two drops of croton oil, placing it at the root of the tongue. Then I gave her an enema consisting of two quarts of warm rain water, with two teaspoonfuls of turpentine. By this time it was about ten o'clock in the forenoon; her pulse was 130; no fever. I left the place, only to come back a short time after; but because of other occupations at home, I could not go back to the house before three o'clock in the afternoon, when I proceeded to the place in haste, and I met her husband on the road, who was coming for me, as he said his wife was having convulsions again. When I reached the house, I at once administered chloroform and a hypodermic injection of morphia and atropia. I then punctured the membranes and about eight ounces of water was evacuated. I gave another enema as previously, and tried to obtain some urine, but could not obtain it, as she was urinating in her bed.