

I will now briefly give my reasons for the use of morphine in the treatment of this disease.

I before intimated that the increased labour required of the heart in carrying on the foetal circulation might disturb the general circulation, and as a consequence anæmia of the brain be produced. In the second place the brain and the nerves of organic vitality become irritated and exhausted by the duties required of them.

The question might be here asked if this theory is correct, why do not all pregnant women suffer from eclampsia. The only answer I can give to this query is that some women bear their pregnancy more lightly than others, and that there is not so much disturbance of the nervous and circulatory systems.

However, if this theory is correct, as I am inclined to think, we have two indications for the use of morphine. In the first place, by giving this drug we produce an increased flow of blood to the nerve centres, and in the second place, by its soporific effect the brain is allowed to rest while increased power is gained to carry on the nervous functions of the body. The control which morphine exercises over the disease, both in the preliminary stage as well as when the convulsions actually set in, is so prompt and decisive as to convince the most sceptical after having given it a fair trial. No doubt in some cases, from the violence of the attack or the injury done to the brain by the first onslaught of the convulsions, the medicine will fail; but I am fully convinced that if properly administered and in time, we have in our hands a sure and certain remedy for this disease.

I believe that many of the failures reported after its use can be accounted for by the mode in which it is administered. To give any preparation of opium in this disease by the stomach is of little, if any, use, as the sickly condition of the organ is such that the medicine is not absorbed in time to be of any benefit to the patient. And no man should venture an opinion as to the virtues of the drug unless he has given it subcutaneously. I am satisfied that in the two cases before mentioned the dose used was not sufficiently large. If half a

grain or a grain had been used at the first injection the probabilities are that a second fit would not have occurred. I would, therefore, advise at least half a grain at the first dose.

There need be no fear in administering large doses of morphine in this disease as the system appears to tolerate large quantities of it. I am satisfied that you can give doses with safety in eclampsia, that would prove fatal in any other form of disease.

However, every indication can be met, by giving from one half to one grain at an injection. And I venture to say if this quantity is given there will not likely be any necessity for a repetition.

The point to note in giving the drug is to give it early, and in sufficiently large doses to control the convulsions.

The necessity of hastening the labour should not be neglected or overlooked, as I consider the sooner the delivery takes place the better is the chance for the recovery of the patient, as you remove the main source of irritation.

In conclusion allow me to urge on those of my readers who have not yet tried the drug to avail themselves of the first opportunity to put it in practice. And I feel confident that after giving it a fair trial they will agree with me that it is the sovereign remedy in this disease.

CASES IN PRACTICE.

BY E. JENNINGS, M.D., HALIFAX.

[Read at the meeting of the Canada Medical Association, Halifax, August 4th, 1881.]

[The object of Dr. Jennings, who read the report of the following cases, was to show the effect of constant irrigation of wounds with carbolyzed water, as compared with the ordinary Listerian spray and gauze.]

Alexander Griswold, aged 50, cut his throat on May 13th, in a fit of insanity, and was admitted to the hospital same night. When examined there was found to be a large clean cut wound on the right side of the neck, extending from the posterior border of the sterno-mastoid, to the inferior border of the inferior maxillary bone. The wound is two inches deep posteriorly, the sterno-mastoid being completely cut through, and the carotid artery exposed,