

took another convulsion; before  $\text{CHCl}_3$  could be given. Found urine full of albumen on examination. Very soon patient had another convulsion. Repeated enema. Found os dilated to size of quarter. Ruptured membranes. Labor pains came on, and after a sleep till 3 p.m. (case having commenced at 11 p.m. day before) was delivered of living child. Gave  $\frac{z}{i}$  ergot half an hour before delivery. Placenta delivery normal. No hæmorrhage. Administered a diuretic mixture of pot. acet. and digitalis. Headache disappeared and all symptoms abated.

The Doctor concluded his paper by saying that the subject was one that required further investigation, but thought that the following statements were justifiable in the light of modern pathology:—

1st. Cell activity both of mother and foetus produced substances pernicious to mother, if not excreted. 2nd. The excretory function was inadequate in the pregnant. 3rd. The unknown accumulated poison caused the eclamptic seizure. 4th. The convulsions are believed to be the result of anæmia of the brain caused by the contractions of the arterioles,—probably by direct action of some poison on the brain substance itself.

On account of the intense muscular action, the blood was driven into internal organs,—brain, kidneys, etc., causing apoplexy and abrogation of the renal function, etc. Treatment, he said, should be directed to elimination, diminishing of the nervous sensibility; if convulsions ensue, to save child without adding risk to the life of the mother; and lastly, to guard the mother from injury during the attack.

Dr. LAPHORN SMITH expressed entire approval of what Dr. Campbell had said in his paper. He thought the cause was due to pressure on the venous circulation of the kidneys, causing nephritis. He did not agree that the anæmia of the brain was the beginning of it. The nephritis caused the albuminuria; the albuminuria caused the anæmia. The indication for treatment was to remove the pressure by lessening the size of the uterus. He favored the use of chloral to assist in the dilatation of the os and to lessen reflex action. He thought hastening labor did not tend to cause convulsions.

Dr. HARRISON outlined the history of a recent case of his, where he employed bleeding, a remedy he had spoken at some length about in the treatment of this affection at the meeting of the Ontario Medical Association. He bled freely with immediate and permanent effects. He employed as well enema of chloral and brandy.

Dr. BETHUNE, of Seaforth, corroborated what Dr. Campbell had said regarding his case. He was in favor of bleeding in sthenic cases,

not in anæmic, but he regretted that the young practitioner of to-day did not know how to perform this simple and often effective operation.

Dr. IRVING, of St. Mary's, asked if it were proper to give ergot in eclampsia. Did it not cause contraction of the arterioles,—a thing to be avoided? Dr. Smith had said that the pressure of the foetus *in utero* was the cause of the convulsion. How was it that they often did not occur until after delivery?

Dr. HOLMES, of Chatham, said he was reminded of one thing in what Dr. Campbell had said,—the danger of making too cursory an examination of the patient. Dr. Holmes pointed out the benefit derived in causing profuse sweating. He leaned to the theory that the convulsions were due to the circulation of some toxic element in the blood, independent of the nephritis.

Dr. CAMPBELL closed the discussion.

Dr. CANNIFF, of Toronto, then gave an address on "Sanitary Science,—some of its Effects."

Sanitary science, he said, was not a distinct and separate science, but rather a development of medical science, and that the medical man should be employed not only to cure but to prevent disease. He advocated that we should have special lists on the subject. He also advocated the same observation by individuals and families in regard to sanitation as is done in the case of the State and the municipalities; and, as it was desirable to legislate in regard to preventable diseases, so the principle was equally applicable in relation to individuals and families. It was nobler to prevent than to cure. The principles of hygiene should be taught by the parent and continued in the school. He advocated the principle of families employing a medical man by the year, who should make regular visits and advise as to sanitation; by so doing sickness would be prevented.

Dr. ARNOTT thought the idea of families employing medical men by the year good in theory but bad in practice. His experience was such. He also thought it would be a bad education to the family itself. He thought the importance of a knowledge of sanitary science by medical men in the cure of disease should be emphasized as well as the prevention of it.

Dr. BETHUNE liked the idea of employment by the year, if possible. His experience had been that, having agreed to a certain amount of his services, he was called so frequently as to make it non-paying. If families could be educated up to it, it would be well for the country, and much disease prevented.

Dr. WESLEY MILLS thought that it would be practicable for the physician to look generally to sanitation, and to be paid extra when specially sent for,—family tendencies would then