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## Original Communications.

### PUERPERAL ECLAMPSIA.

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Some time ago I sent you a report of three cases of puerperal eclampsia treated by the subcutaneous injection of morphine. I then expressed my firm belief in the efficacy of the treatment adopted. I have since had two cases similarly treated, with like good results.

The treatment of eclampsia is as interesting a topic as any in the whole circle of our art, as it is a common and fatal disease. The various systems of treatment adopted from time to time have been anything but satisfactory, although nearly every drug in the whole range of the Pharmacopœia has been tried. It is unnecessary for me to enumerate the different remedies used and the results obtained, as they are perfectly familiar to the reading student and the active practitioner—suffice it to say that each has had its advocates although the results obtained have been far from satisfactory.

The lancet is still held by some practitioners as the sovereign remedy in this disease. But as to its uniform or general benefit I am very doubtful—there is nothing in the nature of the case, or in the apparent condition of the patient to justify its use. Not a few practitioners conjoin active purging with venesection, or trust to it alone. Some have great confidence in chloroform and ether, others in emetics, others in chloral hydrate and the bromides, while I believe from reading the *Canadian Journal of Medical Science*, there is one individual whose

faith is strong in the efficacy of ten grain doses of quinine every two hours, although he has failed to inform the reader how it was administered.

There has of late years been an endeavour on the part of the leading minds in our profession, to treat the disease on a pathological basis. This is to be highly commended and I hope the investigation will be pursued till a fixed pathological basis is found upon which we can confidently rest our treatment.

After all that has been written on the subject, I do not think there is a tittle of evidence to prove that disease of the kidneys has anything to do with the production of eclampsia, save as a casual companion or possibly a favouring condition. It is quite as likely that the condition of system giving rise to eclampsia may be the exciting or predisposing cause of the disease of the kidneys. Cases must have come under the observation of every practitioner doing a large midwifery practice of patients having almost complete anuria without any sign of convulsions. And it is a matter of everyday occurrence to meet with cases where the urine is loaded with albumen, and the limbs and body dropsical without any appearance of eclampsia. Now if the diseased condition of the kidneys is the cause of convulsions as claimed by some pathologists, why should so many escape who are suffering from it. It would be supposed that the same cause would produce the same effect in all cases. It is a well-known fact that ague is always produced by the same malarial poison, and that the person whose system becomes saturated with it will necessarily get the disease. The same remarks will apply to typhoid fever,