

rule could be followed. If the woman was plethoric and strong, blood should be promptly and largely abstracted; and then followed by a large dose of morphia, or bromide of potass, and chloral. In all cases chloroform was invaluable, and in some cases enough of itself. Where bleeding was not indicated, morphia in even gr. ii doses was good in its result. As to hastening delivery this would depend upon the results of the uterine contractions—if they caused the convulsive spasms, it was clearly our duty to empty the uterus and set it at rest. If otherwise, wait for natural delivery.

Dr. Roddick believed he had several times used chloral with benefit. Has ble ut would only do so in suitable cases, such as those indicated by Dr. Trenholme. He said that Dr. Fuller, about eight or ten years ago, was the first to advocate the use of morphia hypodermically in puerperal convulsions; most of the members of the Society opposed him strongly on theoretical grounds. He (Dr. Roddick) on this occasion, being one of those to denounce Dr. Fuller's treatment. Now he was convinced of the usefulness of morphia hypodermically used in these cases.

Dr. Stephen had lately seen chloral in large doses combined with inhalation of chloroform act well. He advocated using the chloral when premonitory symptoms appear.

Dr. Cameron said that although the majority of these cases are renal in origin, yet convulsions frequently occur where careful examination fails to detect any appreciable signs of renal disease. Sometimes profound anæmia, sudden shocks or frights, or an over-excited condition of the nervous system, seem to precipitate the attack. He detailed a case where convulsions occurred in a nervous, hysterical patient, profoundly anæmic, after a severe attack of diphtheria; no symptoms of renal mischief being found either before or after confinement. He did not agree altogether with those who advocate the induction of premature labor, or the rapid completion of delivery by forceps or turning, when a convulsion occurs before the birth of the child. In many cases such practice does more harm than good, causing still greater irritation, and intensifying the convulsive action. Where the os is well dilated, or at least soft and dilatable, operative interference may be permissible; but where the os is hard, rigid and undilated, it is better to control the convulsions, and wait till the parts are in a more favorable condition. With regard to treatment, he believed that while venesection is

applicable to the robust and plethoric, especially where renal mischief exists, many patients can ill afford to lose blood. Where venesection is practiced, there is greater tendency to subsequent absorption of septic matters. He considered the best treatment for the majority of cases to be morphia, in sufficient quantities to control the convulsions (the heroic doses advocated by some being usually unnecessary,, followed by chloral and potass. bromid.

Dr. Wood had recently used venesection, but his patient was afterwards troubled with anæmia, which caused her to lose her milk.

Dr. Osler said in Dr. Armstrong's second case death was due to extravasation in the brain, and that this was a cause of convulsions sometimes.

Dr. Kennedy had seen a good many cases of puerperal convulsions, in all of which uterine contractions existed, and were the immediate cause of a spasm. The os was in all cases dilatable. Had used and found useful chloroform, chloral, bromide of potassium, and hypodermics of morphia in large doses. Believed venesection valuable prior to delivery of the child. As a means of blood-letting he encouraged the flow at delivery by giving chloroform and afterwards ergot to ensure good contraction, and so stop loss. He agreed with Dr. Trenholme that the death of the child was due to separation of placenta by the spasmodic contraction of the uterus. Had delivered epileptics without their having convulsions.

Dr. Campbell related a case where convulsions came on between the 7th and 8th month; he bled and the spasms ceased until end of ninth month, when they returned; he now applied forceps and delivered safely. Had confined her several times since without any trouble.

#### *Stated Meeting, May 11th, 1883.*

THE PRESIDENT, DR. KENNEDY, IN THE CHAIR.

*Chronic Papular Skin Eruption.*—Dr. Gurd exhibited a boy, aged 10 years, suffering from this disease, most marked about the wrists and knuckles. The boy was one of a family of five, all of whom are affected, the servant alone remaining free. All suffer great itchiness at night after getting to bed. Treatment appeared to be useless. Many of the members thought it to be itch. Dr. Gurd brought the case for diagnosis, but did not think it to be itch, as no furrows were present, and the progress of the disease was not like scabies.