

which have proven their efficacy, it is always an arm the more, and conservative gynæcology is unable to do otherwise than accept all that tends to enlarge and fortify her domain.

A CASE OF PUERPERAL ECLAMPSIA ENDING FATALLY.

*By I. Josiah Edwards, C.M., M.D. (Bishop's),
L. R. C. P. & E., L. F. P. & S., Glasgow.*

Mrs. R. H., a short plethoric woman of 28 years, eight and a half months pregnant, primipara, took suddenly ill, after a warm day's exertion, at about 1 a.m., with convulsions.

I was called about 5 a.m., and arrived about half an hour after, and found her still in a fit, that being, I was told, the 26th fit she had had since 1 a.m., and that each was increasing in duration, with shorter intervals.

The breathing was stertorous and very strong, having a tendency to gurgling. Pupils widely dilated, eyes turned upwards, not responding to touch or light. Lids half closed. The eyes were much injected; pulse 150, strong and full; temp. 100. Enema of soap and water with *Ol. Ricini* was then given, securing an action of the bowels in about a quarter of an hour. I gave hypodermically:

Chloral	gr. xxx.	}
Pot Bromd	3 p.	
Sod. Bromid	3 p.	
Tr. Belladon.	m. x.	

and then by enema the same remedies in increased doses, followed directly by hypodermic injections of:

Pilocarpine	$\frac{1}{2}$ gr. }
Chloral Hyd.	gr. xxx. }

I had to leave at this juncture, 9.45 a.m., for the purpose of attending court, and could not return before 3 p.m., at which

time a messenger was sent to me saying that she had given birth to a dead female child, but that the nurse said that nothing else had come away (this I understood to mean the placenta). On arrival at 3.45 p.m. I found the uterus firmly contracted over the placenta, which I had to remove with my hand after fully an hour's hard work (here I used steel dilator).

(I may mention that I had fully five times to withdraw my hand, which from the contraction of the uterus around the wrist rendered it entirely useless and cramped.)

Severe hæmorrhage had by this time set in, and though I had kept up firm pressure in the uterus externally, it was only after injection of hot water and Condyl's that it ceased.

During all this while no change appreciable occurred in the patient's condition save the fits were not so frequent, five coming on during my stay from 3.45 to 7 p.m., when the fits ceased. The breathing was, however, the same during the interval and even after the cessation of the attacks. Consciousness was never restored; the pulse 160, temp. 102.

I left the patient's house at 7.30, and had made up a mixture containing chloral, soda and potass. bromide, jaborandi, belladonna, salicylate of soda, and magnesia sulphate; this mixture I had given every half hour. By this means I secured free diaphoresis and free movements of the bowels. This was given by enema, the patient from the first being unable to swallow. At 9.30 a messenger arrived bearing intelligence of the death of the patient.

I would feel grateful to any senior member of the profession who would suggest something that he has tried and found satisfactory.

Spanish Town, Jamaica; W.I., August 1st, 1892.