

not the *terra incognita* which it once was, it naturally occurs to us, from this and similar cases, that surgical interference might afford a probable prospect of saving life, were it resorted to prior to inflammation, and even a possible prospect after. Were the abdomen opened, foreign matter removed, and the perforation closed by suture, there would certainly be a hope of recovery, and without some such operation there can be none. Again, were we able from more careful attention to the symptoms, to diagnose ulceration of the duodenum, there is every probability that it might be remedied by treatment similar to that prescribed for ulceration of the stomach, especially by long continued and careful regulation of the diet. We know that ulceration of the stomach is quite common, and is often cured before perforation, even after repeated attacks of excessive hemorrhage have occurred. It is more than probable that ulceration of the duodenum occurs more frequently than is suspected or diagnosed, and gets well spontaneously, or is benefited by the treatment prescribed for that nosological blunder, dyspepsia, which, like charity, hides a multitude of sins.

PUERPERAL ECLAMPSIA TREATED BY PILOCARPINE, AND SUBSEQUENTLY BY MORPHINE AND POTAS. BROMID. HYPODERMICALLY.*

BY J. CAMPBELL, M.D., C.M., L.R.C.P., EDIN.,
SEAFORTH, ONT.

Was called at 1 o'clock a.m., on November 10th, 1875, to attend a young married woman in her first confinement, who was taken with severe pains, but not supposed to be those of labor, unless it was a miscarriage, as she had not come to her full time. Reached the house at 2 a.m., and recognized the pains as those of labor.

Made an examination, and found the head presenting and the labor well advanced. The case progressed rapidly without any bad symptoms, and shortly before 6 a.m. she was safely delivered of a female child, evidently somewhat before the right time. After the delivery of the child the placenta was found in the vagina, and of course was delivered without any trouble. Waited a full hour and no bad symptoms supervening, left for home.

*Read before the Huron Med. Association, Jan. 12th, '86.

We might say that there were no bad symptoms, such as swelling of the legs, œdema of the eyelids, dimness of vision, or anything to lead me to suppose that there would be any subsequent trouble.

When we reached Seaforth, found a telegram waiting, asking me to go back immediately, which I did. Found she had taken a severe convulsion at 8 o'clock. Reached the house at 9 to find her in another, which was very violent, and of the epileptiform variety. After this fit she remained in a comatose state. Injected gr. $\frac{1}{4}$ of pilocarpine under the skin; gave an enema which, however, came away; put a drop of ol. croton. in ol. ricini on the tongue, but she could not swallow; put cold cloths to the head, mustard to the feet, a hot linseed meal poultice to the back; admitted plenty of fresh air into the room, kept all out but the nurse, and sat and watched the case. Repeated the injections of pilocarpine at intervals of half an hour, until diaphoresis and salivation were produced. The temperature continued about 102° ; respiration 40; tested the urine and found it nearly solid with albumen. At 11.30 she took another severe convulsion, but not quite as prolonged as the one at 8 o'clock. Gave chloroform to mitigate the attack, for though we had faith in the pilocarpine, we resolved to aid it by auxiliary remedies. The pupils were at first dilated, but contracted under the influence of the pilocarpine. The temperature fell under the influence of the drug. She took the third convulsion at 11.30, when we used the anæsthetic as before. The friends asked me the question, "Is there any danger?" I replied, "There is always danger in such cases." They proposed that Dr. Smith, of Seaforth, be called in, to which I assented, going on with the pilocarpine treatment in the meantime, and testing the urine at intervals as before, which I was enabled to do particularly, having one of Wyeth's Cabinets along with me.

Our patient took the fourth convulsion at 2 p.m., which was hardly as pronounced as the previous one. Dr. Smith arrived in time to see her take the fifth, which was at 5.30. The Dr. approved of the treatment, and we both resolved to stick to our patient and see her through her trouble. We tested the urine and found that the albumen was gradually but surely diminishing. At 4 p.m. the pulse was still 130, and the temp. 101° ; the pupils being now considerably dilated, and the patient