

# THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 68 Gerrard Street East.

TORONTO, JANUARY, 1886.

## Original Communications.

### OBSERVATIONS ON THE USE OF PILOCARPINE IN THE CONVULSIONS OF PREGNANCY.

BY GEORGE T. M'KEOUGH, M.B., M.R.C.S. ENG.,  
CHATHAM.

I purpose in the following paper to relate, briefly, the history of three cases of puerperal eclampsia that have recently been under my care, and in which jaborandi, or its alkaloid, pilocarpine, one of the latest remedies recommended for that distressing and disastrous disease, was administered. I found it both a valuable and formidable agent, and desire to point out some of the dangers attending its use, as well as the benefits to be derived from its administration, as deduced from my experience in these cases.

CASE No. I. March 14.—Mrs. J——, aged 20, primipara, pregnant about eight months; a large, stout, full-blooded woman, with a good family history. No previous history of fits. I was called about 11 p.m. The woman had been having convulsions at various intervals since noon. In all there had been twelve: the last three had succeeded one another rapidly. I found her in a condition of almost profound coma. She could not be roused to give any evinence of consciousness, and her breathing was quite noisy. She had had a convulsion just previous to my arrival. There was marked cedema of feet, legs, labia, hands, and face.

Her pupils were widely dilated. I learned, on inquiry, that she had complained of severe headache, and of some impairment of vision, for a few days previous; and that her legs and face had been swollen, more or less, for some weeks. While I was examining some urine which she had passed in the morning before the fits had set in, and which was found to be about two-thirds albumen, the patient was seized with another violent paroxysm. I immediately commenced the administration of chloroform, which mitigated, temporarily, the severity of her symptoms. Subsequently, a vaginal examination revealing no symptom of labor, a gum elastic catheter was passed up four or five inches between the membranes and inner wall of the uterus, in the hope of promoting uterine contractions. Just as this was accomplished, having had, in the meantime, to relinquish the administration of the anæsthetic, another eclamptic seizure occurred. After she again became quieted, I attempted to open a vein in her arm, considering her a proper subject for venesection, and having a good pulse, notwithstanding the number of convulsions. Her skin being black, her arm fleshy and œdematous, my only light the flickering flames of a fireplace, and having imperfect assistance, I was compelled reluctantly, after several ineffectual attempts, to relinquish the arm. I afterwards opened a vein in the foot, but only a small quantity of blood escaped. The convulsions continuing, unless profoundly under the influence of chloroform, and the stupor between the paroxysms becoming more pronounced, I,