relief was obtained till the uterus was emptied, after which she had only one slight convulsion.

Puerperal eclampsia is one of the most alarming and fatal diseases that attack pregnant or puerperal women; the mortality to mother and child is very great, and is more so when the fits come on before the birth of the child. On the uterus being emptied, the mortality is very much reduced. According to Dührssen, "Emptying the uterus is said to be a certain method of checking the fits."³ The longer this treatment is delayed the more serious becomes the condition of the patient, and often no attempt is made to do so till it is too late. Dr. Jellett puts it that, if the patient survives the emptying of the uterus, whether by artificial or natural means, she will certainly recover.⁴

In Case I the uterus could have as easily been emptied after the first fit as it was after the fourth; had that been done, instead of putting off valuable time disinfecting and boiling instruments for hypodermic injections, I have no doubt that the child would have been saved, and the woman's life not put in jeopardy; being a multipara with the soft parts easily dilatable, the case certainly was one for rapid and easy delivery.

If ever it be my lot to attend a case of puerperal eclampsia again, I shall immediately attempt to empty the uterus, and in doing so will feel confident I am doing the best for my patient.

REFERENCES.

- ¹ Jardine, *Glasgow Medical Journal*, March, 1899. ² BRITISH MEDICAL JOURNAL, July 25th, 1903. ³ Dührssen, *A Manual of Obstetric Practice*, 1897. ⁴ *Encyclopædia Medica*, vol. iii.

THE TREATMENT OF ECLAMPSIA BY HYPODERMIC INJECTIONS OF MORPHINE.

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ECLAMPSIA being so important and serious a subject, I venture to give particulars of two further cases in which the hypodermic administration of morphine has promptly checked the convulsions.

CASE I.

A woman, aged 32, scarcely five months advanced in her third pregnancy, who had apparently been in usual health till one day she developed an eclamptic fit. She was alone at the time, but a neighbour, hearing her groaning, rushed in to find her in a fit. By the time I arrived the woman had emerged from the consequent comatose condition, was vomiting freely, and was quite unable to recognize those around her or comprehend what was said. Vaginal examination was out of the question, as any attempt produced great mental excitement. I gave a hypodermic injection of morphine gr. $\frac{3}{4}$, croton oil $\frac{1}{12}$, and had her wrapped in blankets. There was no recurrence of the fits; she miscarried during the night, was quite rational the next day, remembering nothing of her illness; progress was uneventful. The urine passed the morning following the fit was small in amount, bright red with blood, and contained much albumen.

CASE II.

A primipara, aged 23. When called to her confinement, I found that she had been about twenty-four hours in labour, that the os was fully dilated and the head engaged in the brim. Birth was effected after very difficult forceps extraction. At the conclusion of a straightforward third stage I left the patient, though naturally fatigued, bright and comfortable. I had not, however, got very far before I was overtaken by the husband, who begged me to return as his wife was dying. Rushing back fearing *post-partum* hæmorrhage, I was relieved to find that the patient was by no means dying, but was in the stertorous comatose condition with face congested following a fit; the fit had developed suddenly without warning: the limbs had been convulsed and froth had appeared at the lips. I gave a hypodermic injection of morphine (sulphate), gr. $\frac{3}{4}$, and, as the pulse was very feeble, strychnine gr. $\frac{1}{16}$, and had the woman wrapped in a hot wet pack. Revisiting her in the course of a couple of hours, I found her sensible. I administered calomel gr. x, and left a mixture of bromide and diuretics. Progress was straightforward, there being no recurrence of fits. The urine contained for a few days a decided deposit of albumen.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

CASE OF CORROSIVE SUBLIMATE POISONING.

A. B., a dispenser, aged 29, dissolved 60 gr. (or more) of corrosive sublimate in hot water ($\frac{3}{4}$ v) intending to make a bath for an eruption which he believed to be scabies. He sponged his arms, abdomen, thighs, and scrotum, with the warm fluid, and then went to attend to people in the shop. A smart tingling came on at once, which, when he had attended to three customers, became severe pain, principally in the penis and scrotum.

When I saw him half an hour after the application the penis and scrotum were red and much swollen, and there was a papular rash on the groin and slightly on the abdomen. He was suffering very severe pain, was twitching very much, and was very jerky in his speech. I administered morphine $\frac{1}{4}$ gr. and cocaine $\frac{1}{4}$ gr. hypodermically, and sponged the body with flour and water and egg albumen, also administering the whites of two eggs in tea. There was difficulty in swallowing the second cup (one hour and a-half after the application). At the end of another hour he was worse in every way, could hardly speak, swallowed with the greatest difficulty; the left hand was clawlike and stiff, and there were severe tremors. I gave morphine gr. $\frac{1}{4}$. He complained of burning of his lips, throat, and stomach. Four hours later he retched violently, but with little result, and had a severe general clonic spasm lasting about twenty seconds. I sent for Dr. Bishop to assist me. The spasms recurred about every ten minutes, and did not seem to be induced by outside stimulation. Twice marked opisthotonos occurred. During the attack there was absolute general rigidity, inability to breathe at all (lasting once for ninety seconds); the pulse, which between the spasms was about 100, became running in character. There was an expression of terrible fear. A general tremor preceded each attack, with an elevation of the shoulders. Rigidity was partial during the intervals, and the breathing was very shallow and mostly abdominal. The symptoms were all at their height five hours after the application.

Two hypodermic injections of brandy $\frac{1}{2}$ oz., and morphine gr. $\frac{1}{2}$ were given. The patient was surrounded by bottles full of hot water wrapped up in bath towels wrung out of boiling water. Amyl nitrite and chloroform were administered with good results, though the shallowness of the breathing delayed it somewhat. The rigidity between the attacks diminished, but when after two hours' administration chloroform was stopped, another rather sharp, though not prolonged, spasm came on. Chloroform was then given for three more hours, and stopped nine hours after the application of the poison. The case then went on well. For two days there was a burning sensation, and one or two attacks of sickness, but there was no salivation, no suppression of urine, and no purgation. Large grey blisters covered the scrotum. There was marked weakness of the left hand, which improved every day for a week, and on the first day inability to protrude the tongue, which deviated towards the left.

The previous history probably accounts for the unusual symptoms, the patient having been wounded in the late war, and spending seven months in hospital with paralysis of the left side, from which he had completely recovered. While there he had had some extraordinary temperatures on several occasions.

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LANCASTER MEDICAL BOOK CLUB.—The first meeting of the fourth session of the clinical section of the Lancaster Medical Book Club was held at the Royal Lancaster Infirmary, on October 23rd. Mr. Charles Dean, F.R.C.S.Ed., being in the chair. The Honorary Secretary showed a case of tuberculous dactylitis, and a radiograph of the condition was thrown on the screen.—Dr. R. G. Rows, M.D., followed with a very interesting demonstration of cavities in the spinal cord, illustrated by the lantern; at its close questions arising out of the demonstration received reply from Dr. Rows, and he was accorded a hearty vote of thanks.—Card specimens were shown by the President, malignant disease of larynx; by Mr. W. C. Helme, malignant uterus removed by vaginal hysterectomy. New books were shown and specimens exhibited under the microscope.