

tube by force, cutting off the growth with sharp edge of part surrounding fenestra. The granulation, growth size of pea, fortunately fell out into my hand instead of going inward, which would have been more serious.

The tube was re-inserted and all went well from this date, but we were careful in not allowing the inner tube to remain out longer than was necessary for cleaning. The tube was removed finally on December 5th, just two months but one day from date of operation. Both of these patients were kept on large quantities of stimulants, especially champagne, during treatment. No medicine whatever given in either case after operation. During the time the tube was *in situ* in each case, the wound was carefully cleaned twice or thrice daily with a warm weak solution of carbolic acid and sponge, then brushed over once a day with a strong solution of carbolic acid in glycerine. The tube was disturbed as little as possible; a small piece of rubber tissue protecting the edges of wound. Dr. Parker's method of swabbing out the trachea before inserting tubes was not resorted to, notwithstanding the remarkable fact of his having had nine recoveries in seventeen cases in connection with this mode of treatment, and his annunciation of the dictum, "That the presence, in the post mortem room, of a false membrane in the trachea of a child upon whom tracheotomy had been performed is evidence of want of care on the part of the surgeon."

Report of a Case of Puerperal Convulsions. By A. ANSELL, C.M., M.D., FALMOUTH, Jamaica.

E. R., age 34, married, of small stature, but tolerably well developed, of a highly wrought nervous temperament, became pregnant, for the sixth time, in the early part of August of last year (1878).

Previous History.—From childhood she has been sickly, and never robust; was always "regular" at the catamenial periods. Her 1st, 2nd and 3rd children were born without untoward circumstances; the 4th she aborted at the fourth month, and suffered severely from the maltreatment of an ignorant midwife; on that occasion there was retained placenta and serious post partum hæmorrhage. She made a slow recovery; becoming pregnant again, and for the fifth time she progressed favorably until the completion of the seventh month, when, from causes unknown, she was seized with "Puer-

peral Convulsions," which ended with the premature birth of a dead fœtus. I must dwell on this first attack to show a novel mode of treatment, and though opposed to all rules laid down for the guidance of such cases, the case progressed favorably.

The medical attendant on this occasion, I am informed, did no more than use hot mustard baths; brandy, ammonia and assafoetida internally, and compel the nurses to arouse the patient each time she felt inclined to sleep, saying, "otherwise she will die in a fit of coma." On this occasion there had been twenty convulsions, the patient making a slow recovery, and fifteen days after the attack giving birth to a dead fœtus, very much disfigured. On the present occasion she became pregnant as before stated, in August, 1878, and completing the seventh month of pregnancy she became agitated and alarmed, dreading that "something was going to happen." I was called on the 20th February last and found her in this condition, and administered a nervous sedative. I auscultated the abdomen, and found the fœtus alive. On the 21st nausea and constipation were complained of; this removed by a mild aperient and the following every third hour:

Oxalate of cereumgrs. v.
Tinct. valerian..... .M xv.
Tinct. hyoscyam.....M xx. Mix.
With water..... ̄ ss.

At 8.30 p.m. she complained that her head was becoming larger, and frequently said "she felt that she would go mad." This last expression can be accounted for from the fact that she had, some few days previously, received a letter from her sister relating a case of puerperal convulsions followed by puerperal mania. I repeated the sedative, she went to sleep and slept soundly from 9.30 that night until 5.30 next morning, when she was seized with convulsions; the first lasted nearly half hour. I was by her side at 6 a.m.; half hour after my arrival she was seized with a second fit, the which I cut short with chloroform inhalations; it lasted about 20 seconds. I then unloaded the rectum and began the administration of the following by enemas:

℞. Chloral hydrat.....grs. xxx.
Potassii Bromidii..... grs. xx.
Aquæ..... ̄ iss. M.

Every hour.

The patient rested quietly from 7 a.m. until