

Well do we remember the first case of obstetrics that fell to our care. We had, at the time, attended one course of lectures on midwifery, and, as well, been drilled by our respected and kind Professor, the late Dr. McCulloch, in all the mysteries of "presentations" on the celebrated "phantom." This consisted of a wood and leather representation of the lower half of the trunk of a female, with about two-thirds of the thighs projecting at right angles from it, in the position they would occupy if forcibly flexed upon the pelvis. Over this a cloth was thrown, beneath which we conveyed our hand, introducing it next through an opening designed to represent the vulva and commencement of the vagina, and endeavoured to make out, with great trepidation, what part of a chamois mamikin was first to be met with. To say that we felt completely bewildered, standing out before the class of students, conscious that we were for the time the subject of numerous quirks and jokes, would be simple truth. And then, as to whether the head presented, and knowing that, as to whether it was in the first, second, third, or fourth position, was something which we were completely oblivious of, whenever we heard a suppressed titter at our elbow or chanced to see a bench-mate eyeing us with a comical expression of countenance. Notwithstanding these slight drawbacks, we made some progress in our knowledge of midwifery, and were considered at the time sufficiently advanced to be entrusted with a *bona fide* case of parturition. Seating ourselves beside the bed of our patient, we waited for the termination of that process, the exact stage of which we flattered ourselves we had made out. It was a natural presentation, and everything appeared to progress favorably, and warrant our happiest anticipations. No sooner, however, had the head descended into the cavity of the pelvis and commenced to distend the vagina and press on the external parts, than, to our utter consternation and horror, off went our patient into a severe fit of convulsions. Thus were we initiated into the practice of midwifery. We cannot forget our first case, and puerperal convulsions have an interest to us which many other puerperal conditions fail to excite.

Convulsions occurring during the puerperal period, may be produced by various states of the system, and by the action of various foreign substances introduced into the blood; but all such cases are not to be classed with the true puerperal convulsions or eclampsia puerperalis. Thus hysteria, epilepsy, apoplexy, tetanus, &c., may occur during pregnancy, and exhibit much the same phenomena as in the non-gravid state; and although they are attended by convulsive movements, they cannot be regarded as true eclampsia. Vogel would have us consider every eclampsia as an acute epilepsy, and Ramsbotham looks upon a case of