until the morning of the third day, the occiput then occupying the hollow of the sacrum. About this time the anæsthetic gave out, and no more could be obtained, she having used 3xvj of ether, and zvi of chloroform. She was now as uncontrollable as before, and it was impossible to apply the forceps. She was, however, delivered by the natural process about 11 o'clock P.M. of a male child weighing 103 pounds, in an advanced state of decomposition. She lost a large quantity of blood, and during the time drank several gallons of water, which was immediately rejected, until it became necessary to allow her a few swallows only occasionally, notwithstanding her earnest entreaties for more. In about three hours after I left her, was again called, and found her in convulsions. As soon as possible she was made to swallow 10 grs. of the bromide of potassium in solution, when the convulsions ceased. The medicine was continued in 5 gr. doses through the night. The next morning she was in great distress, and, on examination, I found both labia the scat of sanguineous tumours the size of a man's fist. These were treated with fomentations of chamomile flowers, and entirely subsided in about a week. The day after delivery, the abdomen became very tender and painful, with a quick, hard pulse, and high fever. A large soap poultice was applied over the whole abdomen, and the veratrum viride, with spts. nitre, administered every four hours. The next day the symptoms were more favourable, and she gradually improved, with the exception of complete paralysis of the sphincter of anus and bladder, passing the contents of both involuntarily; from this she has but par-tially recovered up to this date, January 23, 1868. -Amer. Jour. of the Med. Sciences.

Laryngeal Tumour removed by opening the Larynx, after the insertion of a tube into the Trachea,

BY JOHN L. ATLEE, M.D.

OF LANCASTER, PENN.

F. McF., et. 15, small for his age, previously a hearty, robust child; became hoarse about eighteen months before I saw him, in September, 1868, and for the last sixteen months he has not been able to speak above a whisper. In August he experienced some difficulty in breathing, and this steadily increased until his nights became almost sleepless. He also lost flesh at the rate of two pounds a week

When brought to me, he was voiceless, had a croupy cough, his ordinary respiration, quite laborious; pulse small, frequent, and rather feeble; appetite poor, and the countenance pale and indicating distress. The sounds of the lungs were normal both by auscultation and percussion. The difficulty seemed to be entirely restricted to the glottis. I attempted to use the laryngoscope, but the irritability of the fauces and difficulty of respiration made it impossible to obtain a satisfactory view of the parts. A solution of the nitrate of silver was applied to the glottis, but a spasm was excited that terrified the patient greatly and somewhat alarmed me. I directed the father to bring him to me again in a few days, and in the mean time the finger was to be frequently applied to the faces, so as to accustom them to the presence of a foreign

body. When he returned, on the 29th September, his respiration was more laborious, indeed so very difficult was it that he was evidently about to die very soon for want of air, unless some means soon succeeded in giving relief. An attempt was again made to use the laryngoscope but unsuccessfully, its presence could not be borne long enough for an examination.

I told the father that it would be best to open the trachea, and insert a tube, through which the boy could breathe freely, and thus regain his strength. After that some means would be found of getting at the mischief in the glottis.

On the 3d of October, I opened the trachea and inserted a tube. At this time, he could breathe only by resting his head upon his hands, his elbows upon his knees and leaning very far forward. A mixture of ether and chloroform was attempted to be used by inhalation, but so much spasm of the glottis was excited that it was laid aside. As soon as the air rushed into the lungs he opened his eyes, put his hand on my arm, and nodded his head, evidently very much relieved. The presence of the tube was readily tolerated, and exhausted by previous loss of rest, he almost at once fell into a deep sleep.

November 17, I opened the larynx in the usual way, the patient being partially under the influence of an anæsthetic. On exposing the interior, masses of abnormal tissue presented themselves at the opening, during the efforts of coughing made to get rid of the blood flowing into the trachea. These were seized with the forceps from time to time and removed. Three portions, the first as large as a small filbert, the others the size of peas, were torn from their attachment to the nuccous membrane. The ventricle of Morgagni on the left side seemed filled by this tissue. The whole amount removed would fill a large sized sewing thimble. As determined afterwards, it weighed twenty grains.

After thoroughly cleansing the interior, a stick onitrate of silver was rubbed thoroughly over the whole surface, and the external wound was closed by two harelip sutures and adhesive strips.

The tumour removed, on examination, displayed under the microscope the anatomical elements found

in epithelial growths.

I saw this patient on the 21st January. He had entirely recovered his voice, and was going to school. He had been kept from school for a year and a half on account of loss of voice. When first seen hewas pale, emaciated, and rapidly loosing flesh. He had become rosy, robust, and weighed 86 pounds, in place of 64. He appeared in every way perfectly well.—Med. and Surg. Reporter.

Medical News, Items, &c.

A Simple Cause for Severe Convulsions.

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