

afterwards was she able to leave her bed, and, even at present, has not recovered her usual state of health. Off and on she suffers a great deal from facial neuralgia. In delivering through the placenta I had no choice; there was no time to be lost, and to have followed the treatment most accoucheurs advise us to do, would here have taken too much time; I mean, the finding out the least attached part of the placenta, detaching it, and delivering by the side of it. In this case, the placenta was equally adherent, and to have followed that treatment would have taken too much time.

Puerperal Convulsions. By O. C. BROWN, M.D.,
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If you think the following notes of three cases of puerperal convulsions worthy of insertion in the *Record*, I shall be glad if you will find a place for them, although they are very similar to other cases of the same kind, and there is nothing very new or original to communicate in regard to the treatment pursued; yet as I kept careful notes of them all through, and observed some symptoms, both before and after the respective labours, which agree with the remarks upon puerperal eclampsia in Cazeaux obstetrics, especially in regard to the urine, I think these cases perhaps worthy of being read.

Case 1.—Mrs. F. M., of the 10th Range of Actonvale, a French woman, sent for me on the 18th December 1875, she being in labour, as her husband informed me, of her sixth child. On my arrival at about 10 p. m., I found the patient walking about, in the first stage of labour, the os uteri moderately dilated, soft parts in excellent condition; bowels had been freely opened about two hours before my arrival, the patient having taken a dose of oil; bladder also empty; the patient vomited severely, and was continually using the chamber-pot to pass her water, which flowed in great quantities, the urine of a clear colour, and during my stay she must have passed eight or nine quarts, as she nearly filled the chamber-pot three times. The urine was of a clear, pale yellow color and upon using the simplest tests, heat and nitric acid, it gave albumen in large quantities, became very viscid on standing a short time, but was almost of a transparent color; she com-

plained of a headache, and had suffered for some time from pains in the loins and back, and general feeling of weakness. I administered some hydrate of chloral, and at 2 a. m., she was delivered of a female child weighing 9½ lbs. I left her doing well, and the same day I went to see her, and met her husband coming for me, who told me she was in convulsions, she had suffered very much after I left from headache, and gradually became drowsy. I found her just recovering from a paroxysm, which was the fourth she had undergone. I administered sixty grains of the hydrate of chloral, and tried to ascertain if any clots remained in the womb, but everything appeared to be in good condition, and the discharge seemed normal. Another paroxysm coming on I put her under chloroform, and kept her under the influence of the anesthetic for thirteen hours, after which time no more convulsions occurred. I used the chloroform to complete insensibility, pulse when in that state being soft, rapid and somewhat weak, and the respiration easy. She suffered for some time after from loss of vision, Fronto-occipital headache and great weakness. For the blindness, I gave bromide of potassium in full and regular doses. She recovered completely.

Case 2.—Mr. X. came to me from Durham, towards the middle of September, 1876, and told me he should need my services in a few weeks, for his wife who was expecting her confinement. He said that for some time she had been passing a large quantity of pale-yellow urine, and stated it was most extraordinary the immense amount of water she passed daily, she had been troubled with pain in the back for some time, and was often confused and stupid and suffered from a severe headache. I ordered some quinine wine and iron, and told him to let me know how she got along. About the first of October, I was sent for to attend her, and found her in violent convulsions, pulse hard, quick and bounding; os slightly dilated and rigid, soft parts also stiff; child occupying the first position. As I always looked upon chloroform as the sheet anchor for rigidity of the os and eclampsia, I immediately put her under the influence of that agent until complete anesthesia was produced, and the pulse was soft and small. Under the chloroform all convulsions gradually passed away, she remained in this state until 6 a. m., about seven hours after my arrival, when