

Progress of Medical Science.

TREATMENT OF CATARRHAL JAUNDICE BY ENMATA OF COLD WATER.

We learn from a recent number of *La Presse Médicale* that Dr. Koull, of Gustrow, recommends this disease to be treated by injecting cold water into the rectum by means of an irrigator. The operation should be practiced once in the twenty-four hours. The quantity of water used should depend upon the susceptibility of the individual. The temperature of the water should commence at 12° Reaumur, to be decreased to 3°, as the bowel will not well bear the contact of the water when the temperature remains the same. Seven injections have been sufficient to effect a cure in the practice of Dr. Koull. This treatment removes the feeling of oppression at the epigastrium, the headache, anorexia, etc. In the majority of cases, after the second injection, the feces are colored with bile, and the color of the urine becomes more natural. In the opinion of the author, the cold water excites the peristaltic movement of the bowels, as well as the secretion of bile, the collection of which in the biliary passage is the chief obstacle to its free evacuation.—*Med. Press and Circular.*

ROTUNDA LYING-IN HOSPITAL.

Three Cases of Puerperal Convulsions. With Abstract of Clinical Lecture.

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CASE I.—E. J., æt. 30 years, a patient in the extern maternity department, in her first pregnancy, was suddenly seized on the 30 Nov., 1877, with convulsions; after being in labour for five hours. Assistance was immediately sent for, and Dr. Smyly, Assistant Physician to the Hospital, and Mr. Horne, Clinical Clerk, were shortly in attendance. Meanwhile she had had two more convulsions, and had become quite unconscious. On examination the os was found to be fully dilated, and the head in the second position well down, with a large caput succedaneum formed. The pupils were dilated, the teeth clenched, the respiration and pulse rapid. Chloroform was immediately administered; and without delay, Dr. Smyly applied forceps and delivered a healthy male child. The placenta was expelled in twenty-five minutes. Some post-partem hæmorrhage occurred, but was easily controlled by ergot and injections of cold water into the uterus. No convulsions occurred after delivery, and the patient awoke from the chloroform quite conscious. The urine was carefully examined; no albumen was found, but abundance of lithates, and a few small hyaline casts, evidently of very recent origin.

CASE II.—F. D., æt. 19, admitted into the lying-in ward at 2.45 p.m., on Tuesday, November 20th, 1877.

On admission she was quite unconscious, in violent clonic spasms, face flushed, pupils widely dilated, pulse 130, respiration 30, temperature 101.4°; the os was about two-thirds dilated, the head presenting in the first position and well down in the cavity.

Previous History.—She had always enjoyed excellent health; had never noticed any puffing of the face, or of the upper or lower extremities. She has been married for fifteen months, and has had one abortion at the third month. Labour commenced at about 11 p.m., on Monday the 19th; the next morning, shortly after 7 o'clock, she complained of dizziness and inability to see objects in the room, and became quite unconscious, and at 7.30 the first convulsion came on. She was seen by one of the pupils of the hospital at 10.30, and was then in her fourth convulsion, and perfectly unconscious; the os was at that time dilated to about the size of a sixpence. She now passed rapidly from one convulsion into another till she was brought to hospital.

Treatment and History.—The administration of chloroform was begun at 3 p.m., the patient being in a severe tonic spasm. After a few deep inspirations the rigidity began to relax, and in a few minutes she was completely under the influence of chloroform. Contraction of the voluntary muscles did not return as long as she remained under chloroform, but at intervals of every four or five minutes until after the extraction of the child a peculiar gasp or sneeze, or rather a succession of short sneezes occurred, due probably to spasms (?) of the diaphragm; these sneezes disappeared as soon as the child was delivered.

At 3.20 a catheter was passed, but no urine was found in the bladder. Dr. Smyly then applied the forceps, and at 3.40 delivered her of a living female child. During extraction the pulse rose to 160 and became very feeble; but immediately after the birth of the child it fell to 110 and improved in volume. A hypodermic injection of liq. ergot. mxx. was administered when the head was distending the perineum, and at 3.50 the placenta came away. Chloroform was stopped, and in ten minutes a slight convulsion occurred; chloroform was re-administered immediately, and two hypodermic injections of chloral, grs. v. each, were given at intervals of ten minutes. On admission, ol. tig. gt. i. followed by calomel grs. v. had been given, but without effect; half an hour after extraction a turpentine enema was administered, and produced a tolerably free liquid evacuation. The pupils had now become quite contracted. At 4.18 a slight convulsion came on, but it was easily controlled by chloroform. The temp. was then 102.6°, pulse 84, resp. 26; another slight convulsion at 4.26, and a more severe one at 4.45, provoked by the nurse disturbing her to ascertain whether any bleeding had taken place. At 5.15 another severe convulsion was brought on by the application of a hot tin to her feet. Slight spasms occurred at 6, 6.20, 7.10, 7.28. At 7.55 she became somewhat restless, and moaned and