

ness the symptoms of spasm were once more renewed, became more violent as the sensibility returned, and held out a prospect of becoming as formidable as before.

Doubting whether the patient would survive a second attack, I was anxious, if possible at once to restrain the spasm, and with this view determined to administer chloroform. This I proceeded to do at once, carefully watching the patient, yet at the same time so using it as to bring her as speedily as possible under its influence. Its effects were soon perceived; in a very short space of time the countenance lost its fixed and anxious appearance, the eyes became less prominent, the opisthotonos subsided, the limbs, gradually became relaxed, the respiration more normal; the pulse fuller and less frequent, and, when, completely under its influence, the spasm had entirely left her, and she lay as in a sound sleep. I now withdrew the inhaler, yet remained by her, and at each attempt to return to consciousness (generally showing itself by some spasmodic working of the features) I reapplied the chloroform. At length, two hours and a half having elapsed, and the pulse becoming weaker, whilst a slight return to sensibility not having been accompanied with any return of the spasm, I allowed the effects of the anæsthetic to pass off. In the course of half an hour, some slight convulsive attacks having again shown themselves and becoming gradually more violent, I gave the patient forty minims of the tincture of opium with half a drachm of the compound spirit of ammonia in camphor mixture; and at the end of an hour, the symptoms still occurring occasionally, and the patient being somewhat excited and restless, I repeated the dose. Shortly after this she fell into a sound sleep, which continued with scarcely an interval of waking, for six hours. The following morning she expressed herself as feeling quite well, only very weak, and occasionally complained of a pricking sensation in the extremities. Vomiting, which could with difficulty be allayed, now set in, without any assignable cause, leading Dr. Willshire (under whose care she was now placed) to suspect the presence of some irritant poison besides strychnia in the compound she had taken. Upon subsequent inquiry I found that the packet also contained a small quantity of arsenic, which might supply a reason for the otherwise unaccountable continued gastric irritation. Under treatment the vomiting was allayed, the nervous irritability which succeeded subsided, and the patient was discharged at the end of a few days quite convalescent.—*Lancet*.

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## MIDWIFERY.

### IMPAIRMENTS OF VISION CAUSED BY LACTATION.

This is the title of an article in the "London Medical Review," by George Lawson, Surgeon, etc. The author says that it is so common for some defect of vision to occur during the time that the mother is nursing her child, that few women who have borne many children have entirely escaped some of the slighter forms of this ailment, which may vary in intensity from a mere feeling of temporary giddiness to a state of incurable amaurosis. It may, in feeble women, manifest itself soon after confinement, while in the more robust it may not occur until many months after. He describes two distinct forms of the disease, in one of which the eye is directly affected, with sufficient manifestation of morbid action to account for all the impairments of vision of which the patient complains. In the other, the defect appears to be central or cerebral, the appearance of the eye being nearly normal. In the first form, the patient complains of her eye being bloodshot, of a feeling of giddiness, and of some intolerance of light. There is an inability to read long, as the lines become misty and the words run together; the eye looks inflamed, irritable and watery, presenting very much the appearance of one from which a foreign body had been lately removed. It has a generally pinky appearance, and the ciliary veins are rather large, showing internal congestion. If the case