

After an interval of a few minutes, a second convulsion occurred. I found the first spasmodic movement always began on the right side of the body—very generally in the recti muscles of the right eye, but sometimes in the levator palpebre, and less frequently in the lower extremity. A few seconds after these muscular movements, there was a suspension of respiration, followed speedily by violent spasms of the glottis, during which the head and neck become much congested. The duration of the violent spasm was variable—from half a minute to a minute and a half, or two minutes. As this spasm passed off, she became perfectly conscious, after each convulsion, during the first four or five hours. Afterwards, instead of returning to consciousness after each convulsion, she sank into a state of torpor or coma, from which any attempts to rouse her brought on another convulsion. In this comatose state, the lips and alae nasi vibrated with each respiratory act; the mouth was wide open and the stertor was loud.

By way of treatment, the administration of chloral hydrate in fifteen grain doses every hour was first tried. For two or three hours, it seemed of some service, but afterwards, although the dose was given every half-hour, the convulsions recurred more frequently and more violently. Its use was discontinued. At 7 P.M., after six hours had passed in striving to relieve her by the chloral hydrate, I resorted to venesection to the extent of about twenty-four ounces. I gave chloroform by inhalation and an injection of valerian and asafoetida. The pulse had risen to 120.

11 P.M.—Dr. Riddall, of Alton, came to my assistance. As the convulsions still continued to recur, we decided upon a second bleeding to the extent of some ten or twelve ounces, and gave Hydrarg. submur. (5 ss.) The injection of valerian and asafoetida was repeated.

April 4—2 A.M.—The convulsions are less violent and do not occur so frequently, but the coma is more profound. Pulse, 130.

6 A.M.—Pulse, 135, feeble. The loud snoring respiration is now constant, except when a convulsion occurs.

9 A.M.—A large evacuation from the bowels. The catheter was used to relieve the bladder.

11 A.M.—The convulsions ceased to recur, but the loud stertor was constant. The heart's action was very feeble. Finding that she could still swallow, brandy and spts. ammon. aromatici were administered cautiously, but somewhat freely and frequently.