

pupils refuse to contract, and from observation in a recent case, and a successful one which I saw before, I believe that leeches should be employed at once in cases of this kind.

Let me say a word about removing the cause. I think we should not be in too great a hurry. I have known a child to be in imminent danger of strangulation after an emetic by vomiting while in a fit, and drawing a piece of apple into the larynx during an inspiration. Also to purgatives I am strongly opposed as adding another irritation to that already existing. I never give a purgative in threatened convulsions without first administering an opiate in order to leave room for the additional irritation.

It remains to say a few words about puerperal convulsions. Do they differ in their nature from other convulsions? I believe that they do not only in this, that we know their cause to be congestion of the kidney, and since the kidney is so important an organ, when its functions are disturbed nature makes more strenuous efforts for relief. The same remedies on the same principles are useful in these as in other convulsions. I have injected morphia in $\frac{1}{2}$ grain, doses while the patient was in the convulsions, and also during the stertor that followed, with uniform benefit, in all preventing a recurrence for several hours. One case died on the 3rd day. She was convulsed before labor began, and was unconscious for the most part until she died. The urine became semi-solid on boiling, and remained so during the whole period.

I saw one case where veratrum viride appeared to produce a very decided effect. This case occurred in the lying-in hospital during my studentship, about twelve years since. It was under the care of the late Dr. Hall. The convulsions in this case occurred at intervals of about 20 minutes, and had lasted about 24 hours. Chloroform had been administered without much apparent benefit, and the case was considered hopeless,—such was the word sent to her friends. It was observed that just before a convulsion the pulse rapidly rose to 140 or more, and fell after the spasm had ceased. It occurred to us that if the pulse was reduced it might be of some benefit, so, considering that the girl was of a robust constitution and that it might be some time before the Doctor returned, we took it upon ourselves to prescribe. Accordingly we gave 4 drops of the fluid extract of veratrum viride and two more in half an hour. The pulse was reduced to about 80, and I think it was about an hour when the spasms ceased and did not return. The girl made a steady and good recovery which, under the circumstances, was attributed to

chloroform. My impression at the time was that the medicine diminished the flow of blood to the head by diminishing the force of the circulation, but I think now that, like nausea, it diminishes the arterial tension by paralyzing the unstriated muscular fibres and favors passive congestion. I am not inclined to believe in the uremic theory of puerperal convulsions, not only from the action of the medicines in general use in these cases, but from the fact that they are relieved by bleeding, since the blood which remains in the vessels surely possesses the same proportion of the poison; and as for the theory that the difficulty is due to carbonate of ammonia, I may state that I have injected this salt into a vein without causing any symptoms whatever.

My friend, Dr. Duckett, of St. Joseph street, related to me a case, where the bromide of potassium appeared to intercept the convulsion. This woman was one of four sisters, all of whom, as well as herself and her mother had convulsions with every child. She was put upon fifteen grain doses three times a day for a week, and when labor began, as she evinced the symptoms which precede spasm, viz, headache, vertigo, imperfect vision, and muscular twitches; he gave her three doses of thirty grains each, at intervals of one hour with complete relief to the symptoms, and there were no spasms. The bromide appeared to have no influence upon the pains. In a case of my own where there was a large quantity of albumen in the urine, and considerable effusion in the face and hands, for a month previous to the confinement, I gave ten grains of the bromide of potash with diuretics, three times a day for a week previous to labor, with relief to the headache, and no convulsions occurred. It has appeared to me from observation and enquiry that puerperal convulsions in very many instances is due to tight lacing. The mother, as well as the daughters, in Dr. Duckett's cases, in whom the disease was considered to be hereditary, were all accustomed to tight lacing. Also the frequency with which convulsions are observed in primipara and unfortunate girls who naturally strive to conceal their condition, tends to confirm this observation. I will now close by speaking of a condition which might be interesting to nervous surgeons, and public speakers. Unconsciousness occurs in two opposite conditions of the vessels of the brain, viz, anamia and congestion. A nervous person on attempting to act or speak is affected by a violent emotion which produces a spasm of the cerebral vessels; his heart beats violently, his face is pale, the index of