CASE II.—February 10th, 1882. At 6 a.m. I was called to attend Miss M., æt. 29 years. On arrival learned that she had already been in labour 12 hours. Upon examination I found the os fully dilated, and the head well down on the perinæum, and presenting in the second position. The membranes were ruptured. The pains occurring at intervals of two or three minutes were strong and spasmodic, each pain consisting of two strong and distinct contractions, with an intervening interval of a few seconds. The perinæum was rather rigid. She complained of a pain in the right shoulder, and of an inability to move the right arm. However, when asked to try, she moved the arm freely, and grasped my hand, though apparently with considerably diminished power. When asked if she had any pain in her head she replied that she had not. The nurse told me that the previous evening she had complained of pain and numbness in the right arm, but she had never complained of headache, dimness of vision or pain in the stomach. There was not present œdema of feet, Labia major, hands or eyelids. The perniæum dilated slowly, and the child was born at 8 a.m., the labour having lasted 14 hours. The perniæum was torn to the sphincter. The placenta was expressed 15 minutes after the birth of the child. While I was examining the placenta and the attached membranes, the patient was seized with a very severe convulsion; chloroform being at hand, its administration was at once begun. M. $\overline{xxx}$ of liq. opii Sed was injected beneath the skin, the inhalation of chloroform was then kept up, until I had sewed up the perineum. On examination I found that the cervix had been torn considerably. After the convulsion, and when the patient had partially recovered from the influence of the anæsthetic, the pulse was 68, soft and full. During the day the patient remained unconscious. She could not be roused by speaking or shaking or pinching. There was no apparent paralysis of features or extremities. The pupils were equal, and moderately well contracted. Has swallowed nothing during the day. At 9.20 p.m., and again at 9.35 p.m., she had mild convulsive seizures. At 9.45 p.m. I gave 3 j. of chloral per rectum. Her urine was drawn off with a catheter, and found to contain about 90 per cent of albumen. At 11.05 p.m. she had another mild convulsion, after which I gave her ¼ gr. of pilocarpin hypodermically. Most profuse ptyalism followed in about 5 minutes, but no sweating. Her pulse was now 70, and her temp. in the axilla normal.

11th February, 9 a.m. Has been no return of consciousness. Lies quietly, with eyes closed, breathing normal. Urine drawn off by a catheter. Will not swallow liquids poured into the mouth. Bowels have not moved since her confinement. The pulse is 110, and the temp. 101 1-5 F. I took a rough towel, and rubbed one arm and one-half of the chest pretty thoroughly, then administered hypodermically gr. ¼ of pilocarpin, which was followed by ptyalism and pretty free sweating over the parts which had been rubbed only. Also dry cupped the back over the kidneys. At Dr. Kennedy's suggestion mustard was applied to soles of feet, calves of legs. At 6 p.m. the condition remains much the same: pulse 124 temperature 101 3-5. Tested the urine, and found only a trace of albumen.

At 11 p.m.—The pulse is 124; temperature 102. Coma deepening. No paralysis of face, neck, limbs and trunk could be made out. Ordered mustard to be applied to nape of neck and behind ears.

12th February, 10 a.m.—Her condition is worse than last night. Coma more profound; pupils small. Pulse 132; temperature 102.5 F. Pulse very small and weak.

The nurse reports that she had fourteen fits during the night. Gave gr. ¼ digitaline, and the pulse fell in 5 minutes from 132 to 116, and improved in quality. Applied two leaches to each temple; the bites bled freely, but no improvement in the mental condition followed.

At 2 p.m. I rubbed the extremities and anterior surface of body with a coarse towel, and gave ½ gr. of pilocarpin hypodermically. The sweating was considerable, and but little ptyalism. Digitaline, gr. ¼, was then administered, which improved the character of the pulse.

Dr. Wilkins, who kindly saw her with me at this visit, thought there was slight right facial paralysis, but I did not feel sure that it was present. Her false teeth had been removed, which altered the appearance of her mouth, but I could not say that it was drawn to one side. Ordered 4 oz. of peptonized beef-tea, with 1 oz. of brandy, to be thrown into the rectum every four hours.

8 p.m.—The nutrient enemata have been retained fairly well, though the bowels have been moved twice since morning. Pulse now is very shabby—130 in the minute.

T. 104 F.—Patient is deeply comatose; breathing stertorous.