

thing was done that would be of use in such an emergency.

The weak and rather fast pulse did not improve as it should have done. Its frequency did not diminish, nor was there any change in its tone, and shortly I noticed the woman's face become pale; she said she felt "strange" and thought she was going to faint. She soon after lost consciousness, and I was horrified to find her pulse get weaker and more irregular, her respiration become sighing, and her lips and face blanched. Every means was tried, without avail, to rouse her from the syncopic state into which she had fallen, but, in spite of all that could be done, she was dead within an hour after the birth of her child. There was no struggle, no convulsion. It was simply "the blowing out of a candle."

I have not been able to satisfy myself as to the actual cause of death, and I regret that a *post-mortem* was not allowed.

It could not be simple syncope from external loss of blood for, in my opinion, there had not been sufficient hemorrhage to bring about that result; nor do I think the fatal result is to be explained by internal uterine bleeding.

It may have been that the woman had been suffering for some time previous from some chronic disease of the heart, bringing about a gradual thinning of its walls, or causing some degenerative change in its structure, whereby the resulting disposition to fatal syncope was rendered actual when there was much loss of blood—a loss which, under ordinary circumstances, would not have been serious. And on enquiring into the previous history of the patient I did find some slight confirmation of this last idea. As to the physical signs it was not possible for one to make a satisfactory examination of the heart when the necessity for it first arose.

A short time ago I was consulted by A. B., æt. 42, an American of spare habit, for a gonorrhœa which he had contracted. As he was subject to dyspepsia I felt some hesitation about giving him copaiba, as I did not wish to derange his stomach. However, after treating him for some time, and finding that the discharge did not diminish to his satisfaction nor to my own, I prescribed, in a mixture, 20 drops of bals. copaibæ, to be taken 3 times a day,

warning him, at the same time, that he must discontinue the remedy the moment he noticed any dyspeptic symptoms, and that I must see him as soon as he finished the first bottle. I did not see him again until ten days afterwards, when I was sent for to attend him at his place of residence. On my arrival he told me that the first bottle "had done him a world of good," and that he had got a second bottle which, for the preceding four or five days, he had been taking in double doses, with the view of getting rid of his trouble still more quickly. The night before I saw him he had been seized with violent headache which lasted during the night, and did not diminish until ten o'clock in the morning.

He had also had some vomiting, was still suffering from nausea and anorexia. His tongue was coated, the temperature 101.5°, pulse 106, and there was a roseolous rash on his face, hands and chest, which was attended with tingling and itching. His bowels had moved several times during the day; the motions on each occasion being accompanied by pain, and there was slight strangury. I prescribed 20 grains of chloral and an equal amount of bromide of potassium in a draught, which gave him some sleep. At 5.30 p.m. the cephalalgia returned with increased intensity, and I was obliged to administer a hypodermic injection of morphia to relieve the pain. During the night the patient was several times delirious, and the headache was only controlled by a mixture of liq. morphiæ and spts. chloroform; the chloral mixture being of no use whatever. Next morning there was a lull in the pain, but at 5.30 p.m. a second exacerbation set in; the headache became intense; the delirium was frequent, and the fever ran high. I was struck with the periodical character of the headache and fever, and learning that he had had intermittent fever in the West a few years ago, I thought it advisable to order the patient 20 grains of quinine, to be divided into four powders, and one taken every hour until the headache was relieved. The good effect of this remedy was apparent after the first dose, and by the time the third powder had been taken the severe pain in head left, the fever fell, and the patient slept during the remainder of the night. The next day another powder was given at 4 p.m., and still another at 5 p.m., and there was no