11 a.m., when, on awaking, the indiscretion of the by-standers, in conversing with her during my absence, brought on a third convulsion; chloroform was again employed and anæsthesia produced, followed persistently by the chloral and bromide. Thus was the patient controlled from noon of the 22nd until evening of the 23rd. Alimentation was conducted per anum, and auscultation frequently had recourse to. A digital examination of the uterus early in the treatment revealed the external os dilated and flaccid, and the internal os rigid; but as the convulsions did not recur, and the fœtus being alive, I did not interfere with this organ. About evening of the 23rd the rectum would retain nothing, and each enema excited the bowel, which discharged large alvine dejections; this I promoted by a continuance of the enemas: she now awakened lucid and calm, therefore discontinued the chloral, etc.

24th.—The tongue was heavily coated with a thick whitish-brown fur, I therefore gave her a mild mercurial purge, resulting in a copious discharge of biliary secretions. 25th. Patient gave signs of discomfort and pain, and there was in the forenoon of this day a decided "show." I auscultated and no longer heard the fœtal heart or placental bruit, the child was dead, but I determined to leave matters entirely to nature, preferring to watch the case than to aid in delivery. It was not until 3 o'clock a.m. of the 26th that the child was delivered, the presentation being the knees. The labor left no symptoms of a grave nature, and convalescence was fully established in two or three days after.

This case on the whole affords us much for reflection, and the first question that arises is, what part did the abortion of the fourth child play as a factor, if at all, in the production of the first attack of puerperal convulsions? It is well accepted that the uterus, when in a gravid state, is subject to lasting impressions. Can it be that the abortion laid the train for what occurred a year later?

2ndly. The repeated attack at the same period of gestation is remarkable, and what had the reading of the letter relating to the case which occurred among the sister's acquaintances to do, as an exciting cause, in the production of the second attack? Or did the condition of the system, being surcharged with bile, have aught to do as the exciting cause, producing a higher state of congestion of the already highly congested organ, and thus, by reflex action through the uterine nerves, producing that condition of the brain so well known to exist in eclampsia? In other words, the nutritive functions being thus disturbed, was that a cause of the affection? Or was it entirely mental? I have good reason to believe that the first attack was occasioned by the death of the fœtus. In the second attack, the child did not die until over 70 hours after the last convulsion.

In the treatment of the present attack, I think the bromide of potassium deserves all that has been said of it by the many writers on the subject of eclampsia, and no doubt remains on my mind that it was the agent which prevented a return of the "fits," while the chloral hydrate, acting as a hypnotic, produced repose and enabled the uterus to prepare itself for the tax for which it was to be called upon. These agents were kept up, first four three hours consecutively; then every third hour for over 24 hours; during all this time the rectum alone was employed as the receptacle for food and medicine.

Falmouth, Jamaica, March 10th, 1879.

---

*Antiseptic Surgery.* By Mr. GEORGE W. NELSON.

Read before the Medical Alumni Association of Bishop's College.

Antiseptic Surgery will form the subject of my paper for this evening. As you are all aware, this most valuable aid to surgery was discovered by Professor Lister, formerly of Edinburgh, but now of London. He found that the air was impregnated with organic germs, or putrefactive elements, these having the power, on coming in contact with an open wound, of setting up a sort of fermentation, called putrefaction (not suppuration), that gives a fœtid odor to the pus secreted. He conceived the idea that, if he could prevent these organic germs, or bacteriæ, from coming in contact with a wound, a great boon would be conferred on Surgeons. In many experiments performed by him, he found that carbolic acid completely destroys these organic floating germs. He filters the air before it reaches the wounds with a fine cloud of carbolic spray, and all the dressings are thoroughly impregnated with this agent.

His views may be briefly summarized thus:—