

wheezing rales at bases of lungs posteriorly. Bowels regular. Tongue clean. Skin cool and moist. Pulse 90, strong.

On February 1st, he had another paroxysm. The chill and subsequent fever were slight, each lasting from three quarters of an hour to an hour; the sweating was profuse, and lasted four or five hours. From this time to the 12th of February he was free from an attack, but on that date he had a slight trembling and feeling of coldness which commenced at 9:30 A.M. and lasted till 2 P.M., and was followed by profuse perspiration without intervening fever. On that day  $2\frac{1}{2}$  grains of sulphate of quinine dissolved in 30 minims of water by the aid of  $2\frac{1}{2}$  minims of diluted sulphuric acid were injected into the subcutaneous cellular tissue of the trunk.

On the 13th he had an attack of sweating, lasting from 3 to 7 P.M., without preceding rigor or fever, but ushered in by the uncomfortable feelings which he always experienced before a typical paroxysm.

From this time he had a daily injection of  $2\frac{1}{2}$  grains of sulphate of quinine.

He got in all 14 injections, and had no more attacks up to the time of his dismissal from the hospital on March 5th, 1870, *i.e.*, nine days after the treatment was stopped. A fortnight after this he reported himself to be in perfect health.

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#### IV.—CASE OF PUERPERAL CONVULSIONS ILLUSTRATING GREAT BENEFIT DERIVED FROM VESICATION.

*Under the care of and reported by Dr R. BELL.*

ON Saturday, February 12, at 5 a.m., I was called in to attend Mrs F. who was in labour. Patient was a tall and large boned woman, but the natural appearance was entirely masked by an enormous amount of anasarca and ascites. The urine was loaded with albumen. Before my arrival she had had two convulsions, and within a few minutes she took another which lasted about five minutes. Until 9:30 a.m. the fits returned every half hour, and up to this time no progress was made in labour on account of rigidity of the os uteri, it not being dilated to more than the size of a shilling.

At 5 o'clock Dr J. G. Wilson saw the patient in consultation, when sinapisms to the calves were ordered, which acted as well as could be desired; the hair was also cut short, and whisky and water cloths applied to the head, great attention being at the same time paid to keeping the extremities warm. To cause free action of the bowels, 16 grs. of calomel in a little olive oil were administered, followed in two hours by a castor oil and turpentine enema. These means had the desired effect of clearing out the bowels.

At 9:30 P.M. Dr Wilson again saw the patient with me, when  $\frac{3}{4}$  grains of Tartrate of Antimony was given which immediately had the effect of dis-



PELLING the cartilaginous state of the os, and within 20 minutes the head filled the true pelvis. No sooner had the head of the child advanced thus far, than the pains came on at shorter intervals, as also did the convulsions, so that a fit occurred every 10 minutes and soon no interval could be distinguished. I immediately applied the forceps and effected delivery, as the pains were quite useless in expelling the child. No sooner had delivery been accomplished than the seizures became less frequent, so that she had only 4 within the next hour, and afterwards at longer and longer intervals, only 4 more occurring by next morning, and they afterwards ceased entirely. Within a few minutes after delivery Dr Wilson again saw the patient, when it was thought advisable to renew the application of sinapisms to the calves; the head was shaved and a bladder of ice kept constantly applied to the scalp; 20 gr. doses of bromide of potassium were given every 2 hours; and beef tea and brandy injections every 2 hours. During the whole time of labour from 6 a.m. the patient was comatose with pupils quite insensible to light. It may here be mentioned that Dr Wilson and I considered it not a suitable case for the administration of chloroform; and on account of the enormous amount of oedema we did not think it possible to extract blood, if that had been thought expedient.

At 6 p.m.—There was deep coma, with stertorous breathing.

At 12 p.m.—In much the same state. Passed catheter, but found no urine in bladder; the urine passing involuntarily.

Feb. 13.—Dr Wilson and I saw patient together at 9-30 a.m. She was still in the same state of deep coma, with stertor. Urine still coming away involuntarily. A large blister has appeared on each calf on the site of the sinapisms, from which was taken fully a pint of fluid.

At 12 noon.—Coma and stertor still persist; pulse, 150. Blisters discharging freely; urine copious. Dr Rainy was called in consultation and looked upon the case very unfavourably. He suggested no other mode of treatment, and concurred in all that had been done.

At 2 p.m.—Brandy was ordered to be given with a feather, and soon patient could swallow a little given with a spoon.

At 4 p.m.—Blisters discharging freely; urine plentiful; bowels loose, the evacuations having a urinous smell. Pupils are slightly affected by light, and there is not so much stertor.

10 p.m.—Pulse 120. Pupils still more sensitive to light. Blisters still discharging freely; urine passing involuntarily in large quantities, but it is not so albuminous. Altogether, patient seems very favourable. Beef tea ordered by mouth, and the brandy to be continued.

Feb. 14.—Patient's condition is very much improved; the pupils very much more sensitive, and she can be roused to answer questions. Blisters still discharging freely, and urine very copious and contains just a trace of albumen.

From this time patient continued to improve and is now quite well. The blisters continued to discharge till the 16th February.



The only reason why this case is brought before the profession is, that Dr Wilson and I attached so much importance to the free discharge of serum from the blisters on the calves, as a therapeutic agent, and to this accidental occurrence ascribe in a great measure the favourable result. Does not this point to blistering being of very great value in puerperal convulsions? The very favourable termination of this case, which at one time was looked upon so unfavourably, would at least encourage one to try the same plan of treatment in a similar case.

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## Exchange Journals.\*

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VIRCHOW'S ARCHIV, VOL. XLIX.

PART I., DEC., 1869.

CONTENTS.—I. From the Institute of Pathological Anatomy of the Athenæum at Amsterdam—Communicated by Professor H. Hertz, M.D. (Continuation from Vol. XLVI., p. 243); (3) A myxoma the size of a hen's egg in the right lateral ventricle; (4) A case of extensive degeneration of both suprarenal capsules without abnormal pigmentation of the skin. II. Multiple Neuromata, by Dr Anton Genersich, Pesth. III. From the Institute of Pathological Anatomy at Zürich, by Prof. C. J. Eberth, M.D.; (1) On the blood and lymphatic vessels of the brain and spinal cord: (2) The development of epithelioma (cholesteatoma) of the pia mater and the lungs (with Plates I. and II.); (3) A case of Adenia (pseudo-leukæmia). IV. Observations on the absorption of extravasated blood, and the formation of pigment in the same, by Dr Th. Langhans, Marburg (with Pl. III., fig. 3-9, and Pl. IV., fig. 1-5). V. A case of melanoma of the cornea, by Dr Th. Langhans (with Pl. III., fig. 1-2, and Pl. IV., fig. 6). VI. On the crisis and delirium in Relapsing fever, by Dr Fräntzel, Berlin. VII. Smaller Communications: (1) A very large hæmorrhagic cyst in the abdomen, by Dr Julius Stein, Bayreuth; (2) A bicephalous foetus, by Dr M. Fränkel, Dessau.

I. (4) In this case, though the colour of the skin was not changed, yet the other symptoms of Addison's disease were present—namely, emaciation debility, muscular weakness, oppression, pain in gastric region, sickness, vomiting, anæmia, constipation; the coeliac axis was also affected in the way already noticed by several authors; the disease had existed for a year and a half.

IV. and V. In the former of these two papers the author tries to

\* Under this title we propose to adopt a practice which is followed by certain French journals, and may be useful to our readers—*i.e.*, to give the contents of Virchow's Archiv, with short notes of a few of the articles. In next number we shall do the same by Reichert and Du Bois Reymond's Archiv. Our readers will thus have an index of all that appears in these journals, informing those who cannot see them regularly of papers which may be of special interest in special enquiries, and putting the gist of the most interesting and important at the disposal of all.—ED. COM.