

the licence to lapse. The treatment of chloral poisoning hitherto has been eminently unsatisfactory. Chloral is a direct antidote to strychnine, antagonising the excessive muscular irritation of the latter; but the converse does not hold good, since the action of chloral on the sensorium or the mental functions has not its physiological counterpart in that of strychnine; strychnine, in fact, antagonises only the lesser half of the effects of chloral. I know that some extreme cases have been successfully treated by strychnine, galvanism, and artificial respiration, but the profound sleep has had to work itself off. Cocaine, which, if it were found expedient, in very severe cases might be supplemented by strychnine, would appear to me to be the antidote required, and, should an opportunity present itself, I shall not hesitate to try it subcutaneously, at least in the first doses.

I would invite anyone who may meet a case of chloral poisoning to do the same, and I shall feel greatly obliged if anyone having leisure would take up my licence and institute a course of experiments *in corpore vili* on the lethal doses of chloral and the efficacy of cocaine at various stages of the poisoning by chloral from the earliest to imminent death, with the single condition that he communicate with me, and give me the credit of priority of suggestion by associating my name with his.

Finsbury-park, N.

NOTES ON A CASE OF PUERPERAL ECLAMPSIA; TREATMENT; RECOVERY.

BY W. E. REDMAN, M.R.C.S. ENG.,

ADMIRALTY SURGEON AND AGENT AT BRIDLINGTON QUAY, ETC.

ON the evening of Christmas Day last I received an urgent message to attend a Mrs. S— at once, as she was thought by the monthly nurse in attendance to be dying. On arrival, I found the patient, a stout, florid primipara, in a semi-comatose condition, delirious, and not recognising those about her. Both the upper and lower extremities were much swollen and cedematous. She had voided but a small quantity of urine during the day, and this, on heating, coagulated into a semi-solid, muddy-looking, gelatinous mass. Digital examination revealed an almost fully dilated os and a roomy pelvis; membranes not ruptured; cranial presentation; uterine contractions strong and frequent. Recognising the gravity of the case, and almost expecting the onset of convulsions in consequence of the premonitory symptoms at any moment, I at once ruptured the membranes, and sent for some chloroform. The labour now proceeded apace, the head rapidly descending; but before I received the chloroform the patient had a severe convulsive attack, characterised by violent general muscular contractions, her features became distorted, the globes of the eyes turned upwards, the white sclerotics only visible, and the mouth convulsively fixed; the face became cyanosed, and frothy saliva tinged with blood appeared at the mouth. The attack lasted about four or five minutes. The patient now recovered semi-consciousness, and by this time the chloroform arrived. About six or eight attacks of varying degrees of intensity now succeeded one another at frequent intervals; during these I administered chloroform freely with most beneficial results, the intensity of the successive attacks being greatly controlled thereby. As the head was now making but slow progress through the pelvis, and its pressure apparently acting as an irritant to the mother, and being also well within reach, I resolved upon instrumental delivery. Having first administered chloroform freely, I applied the long forceps, and delivered the patient without difficulty and without any return of the convulsions. The cord was twice round the child's neck. The after-birth rapidly followed the child, which was much cyanosed, and it was fully an hour before respiration was established in it. After delivery the mother had two more severe convulsive seizures, each of which was modified in intensity by administration of chloroform as before. From this time all proceeded well, the patient gradually recovering consciousness, but having no recollection of what had occurred for some hours previous to or during labour.

Certain points are worthy of note in this case—the premonitory symptoms, a history of mental trouble and distress a few days before confinement, the value of instrumental delivery under chloroform in certain cases of puerperal eclampsia, the great value of chloroform to control and cut short the attacks, and the further fact that the

albumen completely disappeared from the urine two or three days after delivery. Further than this, I need only add that both mother and child have made uninterrupted progress towards recovery.

Bridlington Quay.

THE CHLORAL TREATMENT OF PUERPERAL ECLAMPSIA.

BY M. H. FEENY, M.R.C.S., L.R.C.P. LOND., L.M.

AS the treatment of puerperal eclampsia is still an open question, opinions being divided between chloral, opium, or both combined, and anæstheticism, I send this case as an interesting contribution in favour of the former. And I take the occasion to express a long-formed conviction that it would be a wholesome practice, pregnant with much practical good towards the settling of such open questions, if all practitioners would publish their quota of evidence when such cases arise. Being happily of rare and unfamiliar occurrence, we naturally fly for aid to our most acknowledged text-books. From much observation in general practice, I find that the manifestations of disease are frequently at variance with the descriptions of books. Nor is this surprising, so much wider is the field of general practice than that of the specialist, no matter how numerous his hospital wards or how high his title. The most unerring of all guides are the symptoms of the disease and the constitutional forces of the patient. By treating the former under the guidance of the latter, a successful issue has often taught me that many a formidable and unpromising case can be thus brought to a happy termination.

L. C—, aged nineteen, seven months pregnant. Family history healthy. Father, mother, a brother, and sister living; no neurotic disease. Mother suffers from weak heart; no organic mischief. Patient commenced menstruating at fifteen; did so regularly for eight months, when she had her first fit. For the following three years the menstruation was irregular; general health fairly good. At eighteen she was treated for severe epileptic seizure, and made a good recovery. At the seventh month of pregnancy I was hastily called to see her at 11 A.M. I found her in a violent general epileptiform fit, grinding the teeth, which were firmly clenched. I ordered a mixture of bromide of potassium. The pulse was strong, healthy, varying irregularly with each paroxysm. Summoned again at 6.30 P.M. I was told the waters had broken and labour had commenced. The patient was in convulsions during the whole interval. On examination I found the os slightly dilated, membranes intact. She had passed a large quantity of hysterical urine. The case seemed desperate, and one for heroic treatment. Owing to the clenched teeth little of the mixture had been taken. On consultation, anæsthesia was suggested; but owing to the fixed condition of teeth and hard laboured breathing it was discarded. I quickly decided to make the pulse my helm and chloral my sheet-anchor. I mixed forty grains, forced the teeth open, and she swallowed it. At 10 P.M., convulsions still constant; os the size of a two-shilling piece, thick, and rigid. Ruptured membranes. I again gave forty grains of chloral; enema of one drachm of laudanum, which latter was immediately expelled. At 12 P.M. gave fifteen grains of chloral; fits ceased for half an hour. At 2 A.M. fifteen grains; had an hour's sleep. At 4 A.M. fifteen grains. Fits returned at 5 A.M., and labour was advancing. 6.30 A.M.: Child born during fit. 7 A.M.: Fits ceased; placenta expressed; uterus contracted firmly. 11 A.M.: Sleeping quietly; had had three convulsions; was conscious during intervals. Ten grains of chloral to be taken every four hours. Had four seizures during twelve hours. Slept well during the night. Was quite conscious next morning, but knew nothing of what had happened. The child, as might have been expected, was stillborn. Ordered mixture of bromide and chloral. The patient made an uninterrupted recovery.

Lancaster-gate, W.

AN EASY METHOD OF FEEDING PER RECTUM.

BY Y. M. JONES-HUMPHREYS, L.S.A.

SOME months ago, having to treat a bad case of gastric ulcer by rectal feeding &c., I devised an apparatus consisting of a small funnel, a piece of elastic tubing $\frac{1}{8}$ in. in diameter, $1\frac{1}{2}$ ft. long, about 4 in. of glass tubing (by which the de-