due to the injury to the finger. Whether the finger had any part in accelerating the progress of the disease it is of course not possible to state, for the pathology of the disease is too little known to decide as to what would be the effect of such a condition. There is, however, no doubt, in our minds, judging from the above history and from the condition of the child when seen by us, that this was a case of muscular sclerosis.

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A CASE OF DELIRIUM TREMENS SUCCESSFULLY TREATED BY HYDRATE OF CHLORAL.

By WILLIAM S. BOWEN, M.D., Passed Assistant Surgeon, U.S.N.

MICHAEL BURKE, seaman extra, æt. 27, was received in the U. S. Naval Hospital at Chelsea, Mass., from the Navy Yard, Sept. 13th, 1870, suffering from a severe attack of mania a potu. He had been on a debauch for over a week, and for six days had not closed his eyes in sleep. Physical prostration comparatively slight, but he had constant hallucinations of various kinds, amounting at times to maniacal delirium, so that he required constant watching to prevent him from jumping through the nearest window. Bowels constipated, great nausea, and total loss of appetite. Had been under treatment for three days previous to his entry in the Hospital, during which time opium, in its different preparations, digitalis, capsicum and infus. humulis, had been ineffectually used. Immediately after admittance, the patient was placed in a warm bath, at 98° F., and at 1, P.M., hydrate chloral gr. xxx. was given in solution, and an hour later gr. xx. more, as the first dose had no apparent effect. At 4½, P.M., patient expressed a desire for nourishment, but his stomach was unable to retain a pint of strong beef tea, seasoned with capsicum, that was given. At 8½, P.M., he became more excited and the hallucinations increased. Hydrate chloral 3i., in water flavored with ol. menth. pip., was administered. Five minutes after, he was seized with convulsions similar to those of a person partly under the influence of ether or chloroform, and he unconsciously passed a large quantity of urine; this was followed by profound sleep, from which he did not awaken until 7½ o'clock the next morning, when he immediately expressed a wish for his breakfast, and was able to retain a hearty meal. He then had several hours more sleep, and the next day was free from all disturbance, save severe pains in the limbs, caused by wrenches in his previous struggle with the nurses. The hallucinations and gastric irritability disappeared after the first period of sleep. This,

with the other cases reported in the Medical Journals, certainly goes a great way to prove the efficacy of this new remedy in the treatment of mania a potu.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
DAVID F. LINCOLN, M.D.

MAY 14th, 1870.—The Society met at the house of Dr. Parks, at 7½, P.M.; the President, Dr. Buckingham, in the chair.

Dr. Buckingham read Dr. Swan's notes of a case of *placenta prævia* as follows:

"Sept. 5, 1869. Mrs. —, æt. 34, primipara. *Placenta Prævia*.—The patient's physician being sick, Dr. Buckingham was engaged. He was called to the patient about 1, P.M., in consequence of the occurrence of hæmorrhage. There had been other hæmorrhages from time to time. Patient's time was not up till the 25th inst. Dr. B. sent for me to assist. There had been no pain. The *os uteri* was dilated sufficient for the admission of two fingers. The placenta was felt, and no presentation could be made out in the ordinary way. I gave ether to full etherization. The patient took it quietly, and was not long in being etherized. Dr. B. then introduced the hand into the uterus, separating the placenta posteriorly (patient lying on left side), seized the first leg presented, which happened to be the left, and brought it down. The head had been presenting normally, and was already in the upper part of the pelvis. Version was easy on account of a certain amount of *liquor amnii* left. (A portion was noticed at the time of the hæmorrhage on the napkins, thus adding to the evidence that labor was commencing.) The breech was brought out by traction upon one leg, the other, flexed upon the abdomen, served to dilate the external parts and better prepare the way for the head. The arms were brought down before the head. The proper degree of rotation with traction in changing directions at length brought the head. The child, a large male, was born alive. The hand was immediately introduced, and the placenta, a battledore, at once removed. During this time the ether had been omitted, and I was engaged making firm pressure upon the *fundus uteri* and retaining the pressure after delivery. After this Dr. B. for a considerable time retained the fundus in the same way. The pulse was 70-76, rather soft. The amount of blood lost at

the time of delivery is estimated at a quart. Patient continued to flow afterwards, and once Dr. B. removed a considerable quantity of coagulum from the uterus which, though obeying tolerably the pressure of the hand, would not remain contracted. Patient had had morphia and fluid extract of ergot, and it had been stated that she had eaten no dinner. After more morphia, ergot and whiskey, she vomited a pint of undigested food, partly boiled corn. This accounted for the fact that her medicines seemed to have no effect upon her. In spite of every effort, compression, ergot, morphia, &c., she continued to lose blood, her pulse grew weaker and fainter—so rapid and so soft that it could not be counted at the wrist, and finally small, thready and fluttering; skin cold and wet; lips alternately red and pale, with, on the whole, very little color in cheeks; increased restlessness, tossing violently about, clenching her hands, delirium, and, finally, death—not convulsive. After delivery, she made marked complaint of pain in back. Dr. B. has found this a frequent indication of hæmorrhage. She died about two hours after delivery.

"The foregoing is a verbatim copy of my record of the case, made, I think, on the following day, possibly on the evening of the occurrence.

"CHAS. W. SWAN, M.D."

The following are Dr. Swan's notes concerning the case of the child.

"Sept. 7th, 1869. 9, A.M.—Well, apparently, till yesterday evening, when it had symptoms of dying—lividity, absence of respiration for long intervals; would revive occasionally. This morning life seemed to be coming and going. Pulse at times down to 36, again up to 120, regular in the quarter minutes. Nothing abnormal by auscultation excepting an occasional double beating. Coarse mucous râles heard during auscultation of heart. Absence of respiration for several minutes; restored with occasional gasps, passing into more regular but more or less labored breathing.

"Dr. B. attending the patient. The child was supposed to be dead at one time this morning. Dr. B. was sent for, was out, but was at the patient's house when I arrived.

"The child died during visit with Dr. B. in the evening."

Dr. Parks read from "Barnes's Obstetric Operations" Dr. B.'s theory of uterine zones, and the author's objections to certain views regarding the cessation of hæmorrhage after detachment of the placenta.