An exceedingly interesting and instructive case. I have called it cerebro-spinal paresis, because the cerebral and spinal functions were much depressed. The correctness of the diagnosis was proved by the successful treatment.

ON A NEW AND EFFECTUAL METHOD OF ADMINISTERING CHLORAL AND BROMIDE OF POTASSIUM IN DISEASES OF WOMEN.

By G. DE GORGUEER GRIFFITH, L.R.C.P. Lond., Senior Physician to the Hospital for Women and Children, Pimlico.

Mrs. M., aged 26, gave birth at her full time to a healthy male child, on Sunday, July 19th, 1874, being attended for me by Mr. Smith. The labour—primipara—was natural, and was completed within thirteen hours; but towards the close of it, the soft parts offered great resistance, which, however, was overcome by patient waiting, and without any manual interference, or any rupture of the perineum. Everything went on well till the night of Saturday, July 25th, when it was necessary to draw off the urine, as none had been passed for twelve hours. In four hours, she was again seen; she had become restless, complained of not being able to sleep, and had a pulse fast and quick, but not feverish, which was felt both in the temporal and radial parts. The urine passed for me in the evening, and the child was a diaphoretic aperient, which acted effectively. As she had not slept much the previous night, and was still restless, I gave her a sedative of opium and chloral, and had the vagina well washed out by means of warm water with Higgison's syringe.

On Monday, July 27th, acute periperal mania declared itself unmistakably. She refused all kinds of food, as well as her medicine; would not allow the urine to be drawn off, nor the syringe to be used, and became very violent. Under these circumstances, I had to put her under chloroform, in order to do for her all that was necessary, and to procure some sleep.

Tuesday, July 28th. She was put under chloroform three different times, and had done for her as on the previous day. I gave her subcutaneous injection of morphia, using one-third of a grain only. The chloroform acted quickly, very little being sufficient to anesthetise her; it did not occasion sickness, nor any other bad symptom; but it did not assuage the delirium, which returned with the reacquisition of consciousness. In the evening, while she was under the influence of the chloroform, I gave her a subcutaneous injection of morphia (one grain), which had the effect of prolonging the soporific influence of the former drug, and of producing great contraction of the pupil. The discharge from the vagina and vulva, being somewhat offensive, the syringe was used every four hours, Condé's fluid being added to the warm water. The child was removed the very first day the maniacal symptoms declared themselves, and the breast-pump was used to get rid of the milk.

Wednesday, July 29th. Chloroform was given at 9 a.m.; the patient was fed by the bowel; the urine was drawn off; a vaginal injection of warm water and Condé's fluid was given. At 1 p.m., chloroform was again given, in the same dose as in the morning, one grain of morphia being now injected subcutaneously. At 4 p.m., Dr. Cumberbatch and I met in consultation, and agreed to continue the administration of sedative nourishment by the bowel; adding, however, to the egg and milk, half a wine-glass of pale brandy; and, as the morphia injections had not relieved the delirium, and had begun to aid in drying the tongue and mouth, and to induce other morphia symptoms, we decided to use an injection into the rectum of bromide of potassium one drachm, chloral hydrosol three drops, with the egg and milk, and brandy; and to repeat the drugs, if necessary, every four hours. Accordingly, at 5 p.m., I put her again under chloroform, and injected into the bowel the nutrients, having the medicines previously mixed. She slept for about six hours. At half past 11 p.m., as she was awake, restless, and violent, we gave her chloroform, and the enema, as at 5 p.m. She slept nearly the whole night soundly, awaking at intervals, but only for a short time, when she still raved, muttering incoherently, and then again falling asleep. On July 30th, chloroform was administered, and the nutrient enemata; but, as she was drowsy and quiet, the bromide and chloral were laid aside all this day. On the 31st, in the afternoon, the bromide and chloral were again given her in one of the nutrient enemata, which she had regularly every four or five hours.

Saturday, August ist. She was quiet, having lapsed into a state of imbecility, and taking some nourishment by the mouth, as well as allowing the egg, milk, and brandy to be given her by the rectum, the chloral and bromide were discontinued; and I am happy to learn that, in the asylum, whilst she was moved, she is convalescent.
The difficulties in this case can hardly be estimated, unless they had been witnessed, so strong was the patient and so violent; and if there had been anything to gain by her, or, indeed, anything for her, without great violence, she would not have been administered. As, however, the effects of this rapidly passed off, little ulcerous good might have been wrought, but for the chloral and bromide, the sedative and positive effects of which were quickly manifest each time they were used. Acting apparently more rapidly than when taken into the stomach, nor was there any diarrhoea, or other irritant effect produced on the bowels.

In very many cases, this mode of giving chloral is, I consider, the best; and since it does not nauseate, nor does it sicken, nor give that unpleasant taste in the mouth which remains long with some patients, nor does occasion the burning in the mouth, throat, and stomach, from which many patients complain, so that it may be prevented in the rectum by beating up the drug with a raw egg, or even two raw eggs, a little warm milk being added to further the solution. One great advantage is that the gastric nerves are not affected, as they are when the medicine is taken by the mouth; in which latter case they seem completely deadened, or, as it were, narcotised, a result that tends to impair the appetite.

Since my experience in this case, I have used the chloral in half-draught doses, with a lady suffering the agonies of gall-stones, and in whom the stomach was so constantly irritable that no medicine could be retained; chloroform inhalation to paracotum, morphia by subcutaneous injection, and every conceivable remedy, had been tried to allay pain, and procure rest and sleep, but had all failed. In ten to fifteen minutes after the rectal injection of chloral, pain was assuaged, and in half an hour sleep was procured. I have in this manner also used it when menstrual pain and sickness could perhaps have been relieved in no other way; also in cases of uterine and ovarian irritation, where pain, such as we have in those affections, varied from the mildest to the severest states. In irritable rectum, also, I have found it most efficacious, and have just commenced to use it as a vaginal suppository. In uterine, ovarian, and rectal cases, it is an especially valuable agent, in much as it is brought into immediate contact with the irritated nerves, and acts upon them directly, deadening any hyperesthetic conditions, and relieving pain.

I have recently (end of April) seen the patient who was the sufferer from puerperal mania, and find her perfectly well in body, mind, and intellect, quick and vivacious, in a manner quite unalike the melancholy that was seen before. The patient suffering from gall-stones, who had been for so long a time a sufferer without any relief, till the chloral was administered by the rectum, has remained quite well.

**CLINICAL MEMORANDA.**

**CROUP AND DIPHTHERIA.**

There appear to be two questions under discussion relative to croup. The first has reference to the meaning of the term, and the second to the nature of membranous croup. I take it that the former is to be settled by usage. I find that most medical men whom I meet in conversation apply the term croup to any acute affection where the symptoms denote a partial closure of the glottis. They cannot often know the exact nature of the malady, whether it be due to simple inflammation, or whether a membrane be present. This is a matter for after-diagnosis. They are, therefore, content to call the case one of croup, which is as good an expression as most other terms in medicine. The second question as to the nature of membranous croup is of more importance, both pathologically and clinically, since the answer either affirms or denies the existence of such a pathological condition as a membranous inflammation of the mucous membrane. I speak of the mucous membrane as a whole, for I suppose no one would say that different parts of the mucous membrane were suffering from such an affection. It is well known that nearly every pathologist in Europe has spoken of two forms of inflammation of the mucous membrane of the air-passages, the catarrhal or pus-globular, and the membranous, and that both pathological and clinical observers have acquiesced in this division. It is now maintained, and notably by two good authorities in London, that there is no such thing as an iatrophic membrane inflammation, but that, when found, it is due to a cause external or specific. A prevalent opinion is, that such membrane inflammation may arise under various influences, but that the modern assertion that it is never idiopathic but always diphteretic. As the question is not an anatomical one, but has to do with causes, it can only be settled by clinical observation.

**OBSTETRIC MEMORANDA.**

**PUERPERAL INFECTION.**

In reply to the fourth question in Mr. Spencer Wells's address on puerperal fever, How can its spread be most certainly prevented or checked? and, in response to your call for any useful hint on this now prominent subject, I have pleasure in giving the plan which the late Dr. Dawson, Lecturer on Midwifery at Newcastle-on-Tyne, found