ORIGINAL COMMUNICATIONS.

ON THE PATHOLOGY AND TREATMENT OF LARYNGO-TRACHEAL INFLAMMATION.

By Robert Turner, M.D.

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The subjoined record of cases consists, in part, of the details of those referred to in the preceding communication, as illustrative of various points discussed therein. It includes, also, the history of others, believed to possess interest in connexion with the general subject of Laryngo-Tracheal Inflammation, especially as regards the question of surgical treatment in diseases of this class.

Case I. In October of 1844, a boy, aged 6, whilst leaning up to gain the latch of a door, drew into his windpipe, by the sudden inspiration accompanying this muscular effort, a fragment of an old tobacco-pipe, which he held in his mouth at the time, and which afterwards found its way about an inch and a half of the stalk and a very small part of the bowl. The accompanying sketch will give a pretty accurate idea of its size and form. Fortunately, its broad end was uppermost when it entered the glottis, and was large enough to prevent the foreign body from slipping entirely within it. During the two hours and a part of the twelvemonth, which elapsed from the time of the occurrence of this accident till I saw the child, his distress had been extreme; as may, indeed, be readily conceived, when the narrow channel through which air had all this time to pass into the lungs is considered. Repeated convulsive seizures had ensued. On my arrival, a protracted fit was just passing off, and I found the child verging on asphyxia, presenting very much the appearance often witnessed at the termination of a severe paroxysm of hooping cough. On passing the finger into the throat, I at once detected the pipe, with the heel projecting into the anterior part of the pharynx, and overlapped by the epiglottis; and a little further examination enabled me to discover the stem of the pipe, at its junction with the remains of the bowl, tightly embraced by the glottis. Inserting my forefinger under the projecting part, I endeavoured to push it up; but all the force I could employ in this way was insufficient for the accomplishment of my purpose. I distinctly remember having persevered till the point of the nail—somewhat long at the time—was doubled back from the pulp of the finger. My next essay was, however, successful. Passing the point of the left forefinger behind the epiglottis, I guided the blades of a pair of throat forceps to the sides of the foreign body, seized it, and, first ascertaining by examination with the finger that the former was alone included in the grasp of the instrument, with one steady, vigorous pull, I dislodged the intruder. The effort necessary to effect this was very considerable; in fact, nothing short of an absolute conviction that the boy's life depended on its accomplishment, could have so far overborne my dread of the consequences, as to have induced me to employ such a degree of force. A frightful convulsion succeeded, from which he rallied only to fall into another of equal severity. Tracheotomy now suggested itself as the only resource, and I quitted the apartment for a moment, with the intention of proposing this measure to the relatives of the child. I was, however, almost immediately called back, and had the gratification to find that such an improvement had just occurred in my patient as to render the contemplated operation unnecessary. My friend Dr. Robertson, of Melbourne, then my pupil, and attending the case with me, reported that a violent fit of coughing had succeeded the convulsive paroxysm, and that a large quantity of mucus had just been expectorated, with immediate and very marked relief to the lungs; the time recovery advancéd most satisfactorily. The hoarseness, coughy cough, and respiration, which remained, yielded to the application of leeches over the larynx, and the employment of mercury internally; and within a few days the child was well.

Case II occurred in my practice some years since: the subject of it was a stout, healthy girl, in her seventeenth year. Diphtheria, prevalent in an epidemic form in this and the two neighbouring counties at the time, was particularly severe in the locality in which she resided—a low-lying, swampy district. Having had occasion to call one day at the house where she was employed as a servant, I was on the point of calling for the young woman to impress upon her mistress—in the girl's hearing, as it chanced—the necessity of prompt application in this disease, describing the characteristics of its early stage, and pointing out that, if then attended to, it was usually of a manageable nature; but that, when allowed to run on until the respiratory organs became affected, the mala

1. This text is a historical medical article from 1854, discussing the pathology and treatment of laryngo-tracheal inflammation. The author, Robert Turner, describes a case where a fragment of a tobacco pipe became lodged in a child's windpipe, causing severe distress. The author successfully removed the foreign body, and the patient recovered. The text also includes an account of another case involving a girl with diphtheria, which was managed successfully through prompt treatment.

2. The article is an original communication, indicating it was likely published in a medical journal of the time. The text refers to other cases and medical procedures, highlighting the importance of prompt diagnosis and treatment in such cases.

3. The author's methodology and treatment approach are reflective of the medical knowledge and practices of the 19th century, emphasizing the importance of timely intervention and the use of certain diagnostic and therapeutic tools.

4. The article's language and style are characteristic of medical writing from the period, using technical terms and descriptions that would have been understood by the medical community of the time. The text reflects the need for detailed case presentations to advance medical knowledge and improve treatment outcomes.
the operation were accomplished with some difficulty and delay, and were attended with rather copious hemorrhage, although no voice required for nature was cut. After a few hours, a quarter of an hour, by which time the bleeding had almost ceased, an incision of the usual extent was made into the trachea, and, no tracheotomy tube being at hand, the edges of the opening were kept apart by means of a pair of spring forceps from my pocket-case. At this juncture the wound of a large quantity of frothy phlegm, the breathing became tranquil, and the expression of the face natural. On subsequently removing the forceps and stopping the orifice, with the view of inducing the expulsion of further accumulation of mucous in the air-passage, I found that, instead of any unusual manifestation of the desirous response, the breathing in this procedure, as was expected, the respiratory acts were performed freely and easily in the natural way. This state of matters I did not judge it requisite to disturb, but allowed the wound to remain closed, watching my patient, however, for the succeeding half dozen hours, and ready to introduce the tube (now brought to me) at any moment, should occasion arise for its employment. No such necessity occurred; and, when I left my patient, her breathing was but little accelerated, and entirely without stridor, her only complaint being of pain of the throat in swallowing, such as she had felt for the two or three previous days. On examining the throat at my next visit, I found no diphtheritic exudation; but the tonsils bore the appearance of having been recently the seat of such—thin, filmy spots, surrounded by preternatural redness, being even then perceptible on both. The after treatment consisted in the administration of mercury, so as rapidly to affect the system, with spare diet, and careful regulation of the temperature of the apartment. Recovery was complete within a fortnight; and the patient (now a wife and mother) has enjoyed perfect health ever since.

My earliest practical acquaintance with diphtheria, except as a sporadic affection never involving the respiratory organs, dates from about March of the year 1846, when it appeared as an epidemic (for the first time within the recollection of observers in these parts), and spread extensively over this, the adjoining counties of Aberdeen, and part of Moraysheir; and the return of spring or of autumn has ever since, in this district at least, been marked by a recurrence of the disease in the same form, although, for the last ten or three years its visitation has been less severe than previously, and more confined to such localities as that in which the case just related occurred. An especial liability to the affection has obtained among children, whilst a very large proportion of the adults attacked has consisted of those belonging to the labouring class. In young subjects, under the age of eighteen, the disease has been more severe, and the mortality from them great, the deaths equalling, or even outnumbering, the recoveries, according to my own observation, as well as that of every other practitioner whose experience has been communicated to me.

During its periods of greatest severity, viz., the spring of 1846, and the same season of 1848, it was no unusual occurrence for two or three members of the same family to be affected at one time—a peculiarity by which I was first apprised that I had to deal with a variety of laryngotracheal inflammation altogether new to me. Attention being once directed to the point, however, sufficient means of forming the diagnosis in individual cases were not wanting. So much greater was the tendency to albuminous exudation in the air-passage in this than I had ever found it in the other forms of croup, that I can truly affirm I saw more expectorated false membrane within the two periods referred to than in all the rest of my professional life. This disintegrated and coagulated, of which I saw 24, form the only examples I have met with of the extension of the disease to the respiratory organs in subjects beyond the age of childhood. Instances of a similar kind, however, occurred in other parts of the country, and one fatal case was reported to me on reliable authority; but, in general, the malady, as it affected the adult, was of a trivial character, having no other local manifestation than a few patches of membranous deposit on the tonsils and pharynx, disturbing the constitution but slightly, or not at all, and terminating in perfect recovery (often spontaneously) in a few days. The outbreak of the disease, at one and the same time, in different and distant parts of an extensive district, was a circumstance which tended undeniably to the support of the theory of propagation; and evidence, not less conclusive, of its possessing also a contagious property was supplied by various incidents of its after progress; its appearance in several localities, dry, elevated situations, not at first invaded, having been distinctly traceable to intercourse between their inhabitants and those affected districts—amounting, I believe, to little less than an absolute control—over the diphtheritic inflammatory action is possessed by the nitrate of silver, as a topical application in the solid form, or in strong solution. Where the disease was detected in its early stage, and this appliance satisfactorily made to the seat of excudation in the tonsils and pharynx, I cannot call to mind a single instance in which the affection afterwards extended to the organs of respiration.

Case III. John Mackenzie, aged 84, a mason, was precipitated from a height of about eighteen feet, whilst engaged in his employment, in July of 1849; was struck on the head in falling, and sustained an injury from a scaffold, the giving way of which had occasioned the accident. He sustained in consequence a wound of the scalp, over the occiput, some inches in extent; and this was accompanied by concussion of the brain. Next day, contrary to the advice of his medical attendant, he was conveyed home in a cart, joined over rough roads a distance of more than thirty miles. On the day following, when I saw him for the first time, symptomatic fever had set in. The pulse was also somewhat irregular, the pupils were sluggish, and he was slightly comatose. This condition was successfully met by antiphlogistic measures, and the application of ligature to the shaven scalp; and he was able to resume his occupation. In September last he again came under my notice, labouring under well marked chronic laryngitis, which I found had been of many months' duration, although he was only induced to seek advice by a paroxysm of dyspnoea which had attacked him shortly before calling to consult me. The respiration had now become constantly stridulous, was attended with cough of the same character, and mucous-purulent expectoration; the voice was reduced to a harsh croaking whisper; there was some pain and pitting on pressure over the larynx, the cartilages of which appeared enlarged and immovable; and congestion was perceptible in the lips. The tongue, although of more recent blemishes, had not been much affected, and the mortality from them great, the deaths equalling, or even outnumbering, the recoveries, according to my own observation, as well as that of every other practitioner whose experience has been communicated to me.

Free local deprecation, followed by counter-irritation over the sides of the larynx and trachea, the use of the "swab" every second day, mercurialisation, and subsequently iodism, were the remedial measures employed in this case, and persevered in for upwards of a month, without producing any beneficial action on the disease.

On the night of the 21st of November last, shortly after having gone to sleep, he was again suddenly seized with dyspnoea, and, although partial relief was obtained for a time by the application of leeches and warm fomentations to the neck, the use of steam inhalations and the provoking action of tartar emetic, the severity of this symptom became extreme on the following morning, now amounting
nally, with a nutritious diet, and the application of stimulating lotions, cauterization, and strapping to the sore, a gradual cure was accomplished.

About the beginning of autumn, 1850, the girl again applied to me with disease of the right ankle-joint. There was effusion into the cavity of the articulation, as well as considerable enlargement of the tissues around, and inversion of the foot.

The same constitutional treatment was again employed, a small issue was established under the external malleolus, a splint was applied to the inner aspect of the foot, and the limb was bandaged. A tedious recovery from the affection of the joint resulted, but without a corresponding general improvement. But, although she was now able to be out of bed a part of the day, and to take short walks, the pulse continued weak and frequent (neverless than 120); the appetite was but little improved; and the hectic symptoms, diminished in severity it is true, were still recurring. This unsatisfactory condition remained throughout the greater part of 1851, and merged in decided phthisis about the beginning of winter of that year. The symptoms then were: short, dry, paroxysmal cough; wandering pains in both sides of the chest, but most complained of in the infra-clavicular and upper scapula regions of the left side; well-pronounced hectic paroxysms; feeble and frequent pulse, ranging from about 130 to 140; and hurried respiration.

There was a marked diminution in the frequency of the periods had passed without the return of the catamenia; and the patient was now confined to bed. The physical signs noted were: stroke-sound dull over and under both clavicles, but dulness more intense and extended at left side; bronchial respiration and bronchophony distinct in the upper part of the chest at both sides, loudest at left infra-clavicular region. Intercurrent bronchitic attacks succeeded, with profuse but difficult expectoration, at which times the cough was often almost incessant, and so violent as frequently to induce vomiting.

The employment of cod-liver oil, with syrup of iodide of iron which, contrary to my advice, had been discontinued when the patient regained the use of her limbs,—was now resumed and persevered in, except when an attack of bronchitis, of more than usual urgency, required the suspension of these remedies, and the substitution during its continuance of expectorants and sedatives. Naphtha was administered for the irritability of stomach, and with apparent benefit. Steady counter-irritation of the chest was kept up by means of blisters, solution of tartarized antimony, and croton-oil liniment, varied according to circumstances.

For several months the unsparing state of matters just described remained unchanged, when tokens of improvement began at length to assert themselves. The cough became less frequent and severe,—the general health also undergoing a gradual amelioration. About the end of July following the patient was able to be out of bed during the greater part of the day, and even to take an occasional short airing in mild weather. Her cough was then declared less troublesome than it had been since the commencement of her illness; the "stitches" were no longer complained of; the hectic symptoms had left her; the appetite was much improved; there was already a palpable increase of flesh; and the menstrual discharge, which had again appeared, was recurring with considerable regularity. The physical signs were not now of graver import than in 1849, and, in short, an evident arrest of the pulmonary disease had taken place.

In October, November, and December (1852), the girl was again under my care, along with three other members of the family, for fever of a mild typhoid type, which ran its course even more favourably for her than with any of her family. Abeyance of the phthisical symptoms continued,—indeed throughout this illness I very rarely heard her cough. Early in December she was convalescent, and at my last visit (on the 7th) I found her better, in all respects, than I had ever before seen her. Her pulse was little more than 80, and of tolerable strength.

On the 19th of January of last year, I received a burrie

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9 Since this report was taken, the disease has shown itself in a brother, and has now (June 1854) reached an advanced stage.
January 16th, 1853. On visiting her this afternoon, I found her in a most precocious state, affected with acute laryngitis, in its most advanced stage. The practitioner who had been applied to on the 13th, not being now in attendance, an imperfect detail of the previous history of the attack was supplied by the relatives of the patient, to the effect that, after unusual exposure to the night air about the 10th or 11th, she had been seized with constitutional symptoms, some degree of huskiness of the voice, and short, dry, cough, but that the laryngeal affection had not set in, or had not attracted notice, till the morning of the 13th; when wheezing, respiration, with orthopnoea, occurred. In the afternoon, she had been bled from the arm to the extent of from twelve to fifteen ounces, and the upper part of the chest had been blanched, with partial, but very transient relief to the symptoms. Some time after (a laxative she had previously not having acted), a draught of infusion of sena had been given, which had shortly after been rejected. The vomiting and subsequent nausea thus induced had procured another slight and temporary remission of the dyspnoea; afterwards the cough had uninterrupted, and with a progressive severity, up to the time of my visit to-day.

The patient's condition was now most distressing. The protracted stolid inspirations, so loud as to catch my ear before I entered the house, the small, rapid, and irregular pulse; the livid countenance, with fixed, prominent, eye-balls, dilated nostrils, open mouth, and tumid face, and neck, and the cough occurring in paroxysms threatening asphyxia, bore ample testimony to the extremity of her danger, and at once satisfied me that so scanty an access of air to the lungs was incompatible with the continuance of life beyond, at most, a few hours. Bronchotomy had, therefore, I believed, become an indispensable preliminary to all further treatment; although, taking into account the antecedents of the case, as well as its severity and duration, the expedition appeared to be one of but slender promise. It was no sooner proposed than the girl signified her consent with the utmost alacrity. A delay of more than an hour took place in carrying the instruments, and even within this brief period the affection underwent an appreciable aggravation. Respiration became alarmingly irregular; the pulse intermitting, and exceedingly depressed and rapid. The face, neck, and chest were now bedewed with cold, clammy perspiration; and sight, hearing, and conscience were fast forsaken. One only of the imperfect light afforded by candles (for the patient's condition did not admit of her removal from her bed into a proper light), the swollen state of the integuments, and the want of a practised assistant (a neighbouring farmer supplying the place of one), the dissection down to the tube was somewhat difficult. The haematoma, however, being its progress was rather free, arising apparently from the general engorgement of the small vessels of the part.

A branch of the superior thyroid artery was afterwards cut in denuding the lower part of the cricoid cartilage and beginning of the trachea; but all bleeding soon ceased spontaneously. An incision into the trachea, dividing its two or three upper rings, was now made, and a tube of medium size inserted. After some rather severe fits of coughing, with ejection of bloody mucus in considerable quantity through the tube, the respiration became comparatively free. A bit of gauze was bound over the mouth of the tube, and a temperature of 69° Fahr. was directed to be maintained in the upper part of the chest; an opium mixture; a light farinaceous diet enjoined. At leaving, I had the gratification of seeing my patient easy, tranquil, and even cheerful, the placid expression of her countenance then contrasting very agreeably with the agony depicted in it but two hours before.

January 16th. She had passed a quiet night, having slept for two hours in the early part of it, and at frequent short intervals since. She complained of pain on the larynx being depressed or moved from side to side, as well as during the act of deglutition, but this, I was informed, had been felt since the commencement of the attack.

Since the morning, respiration had been laboured and hurried from partial obstruction of the tube with mucus, the removal of which gave immediate relief. There had been some mucus expectoration by the natural passage. The pulse was 126; the respirations 42. She had taken some nourishment,—thin arrow-root and gruel,—and had drunk copiously of milk and water, threes having been, and still continuing, of vital benefit. She was ordered to have a laxative now, and if this had previously acted, the opiate draught to be repeated at bedtime. Former directions respecting diet and temperature were to be still observed.

January 17th. No decided change since yesterday had occurred, but no ground had been lost. Sparse mucus rhonchus existed in both lungs, and expectoration through the tube and glottis continued. The blistered surface was open, secreting pus, which was directed to be promoted by dressing with unguentum hydrargyri diluted with lard. The pulse and respirations were much the same as yesterday, the patient being relieved as much as was still considerable. The bowels had been freely moved. The tube had been removed, cleaned, and replaced. The opiate was ordered to be repeated at bedtime; and beef, or chicken-tea, and two drachms of sherry to be given every third hour.

January 18th. She had passed a good night. Expectoration was free, and the mucous rays were disappearing. The pain in swallowing and on moving the larynx was very much diminished. The pulse was 120; the respirations 40. She had taken more nourishment, having, in addition to the food allowed, partaken with relish of some sows® and milk, which she asked for. She was directed to continue the opiate at bedtime, and the same diet with wine.

January 19th. She was still improving. Expectoration was easy, and in diminished quantity. The cough was not so frequent or troublesome. The pulse was 105; the respirations 32. There having been no evacuation by the bowels since the 17th, half an ounce of castor oil was directed to be taken. The opiate was repeated.

January 20th. The amendment continued. The pulse was 88; the respirations 30. The castor oil had acted sufficiently. I removed the tube, and applied simple dressing to the wound. She was ordered to have the same diet as before, but to omit the wine, and to have an opiate at bedtime.

January 22nd. Recovery had advanced steadily since last report. The wound was granulating, and she now breathed entirely by the natural channel. The cough and expectoration were almost gone. Pulse 88; respirations 28. The opiate was ordered to be taken at bedtime as before, and, the bowels not having again been moved, she was to take tomorrow morning three pills of colocynth and henbane.

January 25th. She had had a slight return of bronchitis since the previous night, which had quickened somewhat the pulse and respiration. Mucous rays were again heard throughout the lungs. The blister was re-applied to the chest, and ten minims each of ipecacuan and antimonial wine, and tincture of opium, were ordered to be given in a mixture with syrup and water every fourth hour. The diet was restricted to gruel, arrow-root, and bread, with skimmed milk. For the next three days recovery was regarded by this attack; but on the morning of the 28th, I found that the bronchitic affection had passed off, leaving my patient in a state of perfect health.

Cod-liver oil, in the dose of half an ounce three times a day, and a more nutritious diet were prescribed, with a grain and a half of sulphate of balsam every three times a day, a little before meals.

January 31st. Recovery was proceeding favourably.

* Fummery made of the dust of oatmeal remaining among the seeds, steeped and sourd.
She had been able to sit up for half an hour daily since my last visit, and to-day she had been out of bed for more than an hour. The pulse was 88; the respirations 28. She was in a regular state of convalescence. Feb. 7th. Convalescence was advancing very satisfactorily. The voice and respiration were natural, and the cough nearly gone. Percussion and auscultation gave almost the same results as in 1850; and she was sensible of an increase of strength. Of late she had been little in bed during the day; and this evening I found her sitting up, dressed, and engaged in the perusal of the ubiquitous "Uncle Tom's Cabin." For the succeeding ten months, the use of cod-liver oil, with attention to diet, and careful avoidance of exposure to cold, secured to the patient a measure of health which she had long been a stranger. During this period I only saw her incidentally, except once or twice for a threatening of bronchitis, which an expectorant mixture and a mild counter-irritant to the chest seemed to avert; but, on the 20th of November last, the laryngitis suddenly recurred, and with fully its former intensity; again settling at night, and recurring for its removal without the aid of tracheotomy; leeches to the sides of the larynx, followed by blisters; the administration of tartarised antimony, in emetic and afterwards in nauseant doses; repeated "swabbing"; opiates and inhalations of steam, not even affording the smallest temporary relief. I therefore had recourse to the opening of the glottis, a patient display of the same heroic firmness under the more difficult operation, and with this result, of the patient's recovery in the course of the ensuing month. The pulse was then 90; and a temporary recurrence of the cough, with a few expectorations, within two minutes. The cough was then 90, and the respiration (through the cannula) 40. The signs of emphysema of portions of both lungs have of late been superadded to the auscultatory phenomena formerly noted. But the general health has undergone a considerable amendment, the patient being now able to be out of bed during the day, and to occupy her time in reading, knitting, and other kinds of occupation, and the pulse and respiration tolerably well without the aid of an opiate. The cod-liver oil is continued, in half-ounces doses, three times a day.

The great proclivity to laryngeal complication in pulmonary consumption is well known, the researches of Louis Pasteur having long since established the fact that ulceration of this part of the respiratory apparatus, its usual seat being the junction of the vocal cords, or the cords themselves, occurs once in every four cases.* I am disposed to regard the laryngitis in the preceding case as an unusual manifestation (owing probably to peculiarity of constitution) of the morbid action, in its early stage, in the respiratory system; this forming the predisposing cause in both attacks. Its increase, I believe, is denoted by the circumstance that, although the glottidean contraction has a second time been overcome, a structural impediment to the entrance of air by the glottis remains. From a state of complete occlusion, however, this orifice has of late been restored to a slight degree of patency; and, having seen the adventitious deposit in the "scrofulous finger," and other localisations of the same diathesis, melt away under the influence of the wonder-working cod-liver oil, I do not despair of yet greater benefit being obtained in the present case from the continued employment of this invaluable agent.

** * "On Phthisis" (Dr. Cowan's Translation), p. 32.

** CASES OF PUERPERAL CONVULSIONS: WITH OBSERVATIONS. By A. B. STEELE, Esq.

Puerperal convulsions may be considered one of the gravest maladies met with in obstetric practice. The frequency of their occurrence, and the rate of mortality, as recorded by authors, are sufficient to render the subject one of interest and anxiety to all who are engaged in midwifery practice. According to the tables of Dr. Fleetwood Churchill, founded upon the reports of thirteen practitioners, convulsions occur once in six hundred and nine cases. Individual experience, however, varies considerably: thus, Dr. Granville, in six hundred and forty labours, met with only one case of convulsions; while Dr. Curchill had six cases in three hundred and ninety labours. The mortality is estimated by Dr. Churchill at about twenty-five per cent.

I propose first to relate a few cases which have occurred in my own practice, and afterwards to make some remarks upon the nature and treatment of this formidable malady; a subject which appears open for discussion, as the most varied and conflicting opinions are found in the writings of obstetric authors.

** CASE 1. Mrs. S., aged 21 years, a stout short-necked plecthropic subject, of florid countenance, taking but little exercise, and eating heavily, had been subject to fits, and to night sweats. In the last month of her first pregnancy, she observed that her feet and hands had lately swollen. For two or three days she complained of drowsiness in the day and restlessness at night; and on the 13th Sept. 1845, about noon, having remained in bed from feeling unwell, she was heard to fall heavily to her attendant, a female in the room below; who, on going upstairs, found her on the floor in a violent convulsive fit. She appeared to have fallen in the act of getting out of bed. About 4 P.M. on the same day, she was visited by my friend Mr. Walker, of Birkenhead, who attended in consequence of my absence when sent for. This was the first occasion on which medical aid was sought, so that no preventive measures had been adopted. Mr. Walker took about sixteen ounces of blood from the arm, and administered castor-oil. On examination per vagina, labour was found not to have commenced.

8 P.M. I saw the patient for the first time. Two fits had occurred since the bleeding, and one took place during my visit. The pulse was 120, full. The bowels had been freely relieved, and much undigested and irritating matter had been evacuated. The tongue had been severely bitten during the fits, which were very violent. In the intervals, stupor and stertorous breathing were present. The patient had two or three fits in less than an hour. A half hour after standing up, about twenty ounces of blood in a full stream, producing a decided effect on the pulse, applied a blister to the nape, gave five grains of calomel, and ordered two-grain doses to be repeated every hour.

Sept. 14th, 1 A.M. I saw her again. Two fits had occurred since my last visit, and one or two slight pains. She was partially conscious. On examination, the os uteri was found to be fully dilated, the membranes entire, and the head presenting. The fits were excessively violent, and appeared to threaten immediate death by asphyxia. During the paroxysms, the countenance was so horribly distorted, that none of the female attendants could be induced to stay at the bedside. Death seemed imminent: I never before or since witnessed such apparent-complete strangulation. Finding that free depletion and copious evacuation of the bowels, cold affusion and counter-irritation, produced no impression in lessening the severity of the fits, I determined to try the effect of emplastrum of strychnia, and ordered the portion proceeded to deliver by version, which was easily done. The expulsion of the head was completed by the natural efforts, and was immediately followed by a very severe fit. The child (a female) was quite dead, but evidently recently so. The placenta was thrown off in a few minutes, and the uterus contracted firmly.