patient reclining on a temporary bed, in the same position she was in when the so-called vomiting occurred. On the floor was a large pool of blood, apparently mixed with matter. There was a considerable swelling in front, and to the right side of the trachea, which fluctuated freely, and occupied the whole of the inferior division of the anterior triangle of the neck. It had been coming about a week, commencing with heat and tenderness, and some constitutional disturbance. Since the discharge, the swelling had diminished in size; the breathing, which all day had been difficult, was now somewhat relieved. The child, directly after the loss of blood, had been very faint, but had by this time rallied. There was a constant expectoration of thick matter, tinged with blood. There was evidently a considerable abscess, which had opened into the trachea, and laid open an artery, or a considerable branch, as well. I ordered the child to be kept very quiet, to take nothing warm, and that I should be summoned immediately if any more urgent symptoms should come on.

Passing the house a few hours after, I called. The child seemed easy; no difficulty of breathing; no more hæmorrhage than what I before mentioned as tinging the expectorated matter, and the swelling appeared diminishing. I hoped for the best; but the child died suddenly early the next morning. Having fallen asleep, and being awake by a sense of suffocation, he had coughed up a great quantity of blood, and died, before the mother could summon aid. I made a *post mortem* examination of the part two days after. On turning back the skin and cervical fascia, a great quantity of coagulated blood was discovered; this being cleared away, the cavity of the abscess was found to extend to the right side of, and behind the upper part of the trachea and the os hyoides, opening into the former at the back, opposite the third or fourth ring. The hæmorrhage proceeded from a branch of the superior thyroid artery.

I do not think I should have been justified, however unfortunate the termination of this case was, in attempting any operative measure; the uncertainty as to the source of the hæmorrhage was so great. It might have been from the superior or inferior thyroid arteries of either side, or from the carotid of the right side: and it would have been a hazardous proceeding to have laid open the cavity of the abscess, now filled with coagulum, and searched for the bleeding vessels, the patient already much exhausted by the preceding hæmorrhage. Besides which, the child's state seemed to favour the hope that she might yet do well; the swelling had diminished, and so had the difficulty of breathing, whilst the hæmorrhage at the time of my two visits was very slight indeed.

CASE OF COMA WITH PNEUMONIA IN A CHILD.

By H. PAYNE, M.D., Barnsley.

On the 20th October last, I was called at 11 o'clock P.M. to the infant daughter of Mr. G. Ward, of this town, aged 1½ year, to give my opinion as to the nature of the disease under which it was suffering; Dr. Jackson, who was in attendance, having a different opinion from one expressed by a surgeon who had seen the child on the same day, during his absence. I found the child speechless, and in a state bordering on profound coma; the pupils being dilated, insensible to light, and fixed; eyelids closed. Slight cough. Expiration attended with a little grunting effort and noise, indicative of pulmonary disease. Respiratory murmur faint, and nearly absent. Pustules on chest, from use of ung. antim. Face flushed. Pulse 120, strong. Bowels and urinary bladder free. Had never had a fit nor seizure before. In the absence of vomiting, strabismus, and scrofulous symptoms, I directly diagnosed a state of coma, arising from venous congestion caused by pneumonia. As the child could swallow, isinglass and milk were given. The port wine which it was taking to be omitted. Appli-

cetur stupe sinapis part. inferiori corporis per sextam part. horse.

Habeat mist. scillæ cum sp. æth. nitr. Cap. pulv. antim. gr. ss nocte manequæ ad iv vices.

Oct. 21st. Was sensible to the sinapism. Stupor continues. Expectoration copious. Restless when coughing. Contin. mist.

App. sinapis. nuchæ. Habeat ol. ricini coch. parv.

Oct. 23rd. The lethargic states continues. Cough troublesome. Applic. sinap. carpis.

℞ Iod. potass. gr. iv; syr. croci ʒss; aquæ dest. ʒj. M. Cap. coch. parv. ter die.

Rep. pulv. antim. iv.

Oct. 24th. Expectoration still free. Stupor the same, but pupils contracted and insensible. Takes little support, preferring cold milk.

Oct. 25th. Stupor much less. The child now cries when coughing. Pupils sensitive. There is considerable colic, which a few teaspoonfuls of rue tea, and the addition of tinct. card. co. to the iodine mixture, removed.

Oct. 26th. The stupor has passed off, leaving a feeble fretful state. Coughs little. Takes solid food, and can sit up. To have a teaspoonful occasionally of wine whey.

The iodine mixture was continued up to the 1st instant, when, a few boils appearing, it was discontinued. It was given as a stimulant.

Nov. 12th. The father of the child informs me that it is recovering, though slowly; and has several times been out of doors.

Nov. 15th. It is now well.

REMARKS. There are three diseases with which this comatose condition in children may be confounded; viz., hydrocephalus, inflammation of the brain, and remittent fever. A careful scrutiny will suffice to distinguish the above symptoms of venous congestion from those of ramollissement, excited arterial action, or serous effusion. In the above case, the respiration afforded the surest guide to a pneumonic affection, which the parents, indeed, could trace to the child having taken cold.

CASE OF PUERPERAL CONVULSIONS.

By H. J. WATERLAND, Esq., Kirton Lindsey.

On the 18th of July last, about 5 P.M., I was called to Mrs. R., aged 28 years, primipara, who was then in labour. I found that pains had commenced early that morning, and were proceeding steadily, and that the os uteri was partially dilated; all the signs were then favourable ones. The patient, for the latter months of pregnancy, had been much harassed by nausea and vomiting, with confined bowels; so that scarcely a day had passed without her rejecting the contents of the stomach. From a strong aversion to medicine, she had taken no aperients of any kind: recently she often drank two or three glasses of porter daily, finding no article of drink or food agree with her so well. She had also completely neglected outdoor exercise. There had been spontaneous diarrhoea that morning and the day before. Her temperament seemed lymphatic; her conformation was short and stout; her complexion very clear and fair, but pale; her sensitiveness to pain appeared very acute; the pulse habitually rather weak.

The labour seemed to progress in every respect favourably, until about half-past eleven, or a quarter to midnight; the head of the child then beginning to press upon the perinæum. At this juncture, suddenly, without warning, convulsions, beginning in the muscles of the face and neck and gradually involving those of the rest of the body, occurred to a degree that the patient could hardly be kept in bed. These violent muscular contractions subsided in about five minutes, and were followed by insensibility with some degree of stertor. About this time the child was brought into the world. It was small in size, and did not inspire till the warm bath and artificial inflation were employed. The placenta was expelled soon after the child;