Towards the end of the month (February 25th), she expressed herself as feeling better; the paroxysms of headache had been less severe, and she was able to sit up a short time. The strabismus was the same; but ophthalmoscopic examination showed the optic discs less swollen and more defined, and the retina paler. She then left her bed and gradually improved, the pain being less and her health altogether better; and on March 26th, she left off the bromide of potassium. She walked about the ward looking very well, but the strabismus remained in some degree; and, although the face exhibited no paralysis, yet it showed the want of power before mentioned, when the muscles were tested. She occasionally had returns of the pain in the head. She then left the hospital; but was seen on April 10th, free from pain. The case was thus a most difficult one in which to form an accurate diagnosis.

CASES OF DELIRIUM TREMENS RAPIDLY CURED BY HYDRATE OF CHLORAL.

By J. COREET FLETCHER, M.B., C.M., Tottenham.

MISS E. B., aged 33, showed symptoms of a second attack of delirium tremens on June 12th, the first having occurred last summer. Her rest at night, prior to this date, had been often disturbed by frightful dreams; but on the night of the 12th, she frequently came to her father's bedroom, declaring that the house was on fire, etc. This state continuing on the 13th, I was called to see her on the evening of the 15th. She was not in bed on my arrival, but was running about in her room with her eyes directed to the ceiling, where she declared she saw a variety of visions. The wonderful rapidity with which her hallucinations, and also her attitudes, changed at once suggested Watson's busy delirium. Pulse 90, weak. Though her face was suffused with perspiration, her skin felt cold and clammy. The tongue was furred; the breath was mawkish, with a vinous odour; her hands trembled, the tongue only slightly. A purgative was given, and a warm bath. Beef-tea was ordered to be given regularly; the nursing to be kind, but firm.

Early on the 13th I was called, as her condition was much worse. She had not slept during the night; the visions were wilder than ever; pulse 120. She seemed exhausted and anxious; the lucid intervals were few. She saw ugly animals on my coat and on her bed, and tried to catch them. The bowels had not been opened. Another purgative was given. To secure sleep, she got half-drachm doses of bromide of potassium every hour. At 9 P.M., the excitement and hallucinations had increased; the bromide had no effect. Remembering Dr. Gairdner's suggestion to try hydrate of chloral as a tentative remedy in delirium tremens, and being unwilling to give opium except as a *dernier resort*, I gave half-drachm doses of hydrate of chloral every two hours until sleep was secured. The first dose was given at 10 P.M. The patient became slightly drowsy soon after its administration, but it did not produce sleep. The second dose was given at 12. In ten minutes she fell into a sleep—light and often disturbed at first, but gradually deeper. At last she slept soundly until 8 A.M.

June 16th, 11 A.M. Pulse 76. She felt muscularly tired. The excitement and hallucinations were all gone. She talked quite sensibly. There was nothing to indicate her former condition except an unsettled stare in her eyes, and slight fidgetiness of manner.

June 17th. To-day she was in her right mind, and enjoyed a walk with her sister. Truly, the effects of chloral in this case were almost miraculous.

CASE II.—Mr. N., aged 54, who had frequent attacks of delirium tremens, sent for me June 18th, at 3 A.M. His present attack began thirty-six hours before my arrival. He was in great pain, with cramps in his legs and painful spasms in his abdominal muscles, which caused him frequently to double up as if suffering from slight tetanic emprostotonos. The hands twitched; the tongue was very shaky; the breath was very disagreeable, with a strong alcoholic odour. He had very marked hiccough. There was no mental alienation. A purgative was given, and half-drachm doses of hydrate of chloral. The first dose was given at 4 A.M. In a short time he fell into a sleep, which was not very sound. After the second dose, at 5.30 A.M., he slept soundly until awakened at 11.30 A.M., when he said he felt ready for beef-tea. The muscular twitching was not wholly gone; but the painful spasms and all the worst symptoms of his case had disappeared. After getting some food, he fell soundly asleep again.

On June 19th, pulse was 84; he was much better. To secure rest, he had half a drachm of hydrate of chloral the previous night, after which his sleep was unbroken. He had no headache nor other bad symptom attributable to chloral. He took his food well.

On June 20th, he was so well that further attendance on him was almost unnecessary.

CHLORAL IN CASES OF INSANITY.

By G. B. WADSWORTH, Esq.,
Assistant Medical Officer, Suffolk County Asylum.

HAVING read many inquiries and suggestions as to the best mode of administering the hydrate of chloral, I beg to offer the following cases taken from the case-book of the Suffolk County Asylum, within the last three months, and shall be happy to see them inserted, if of sufficient value.

CASE I.—H. M., male, aged 51, was admitted May 21st, for the fourth time, in a very excitable state from recurrent mania. With ordinary diet, and attention to his general health, he improved sufficiently to go to work. On the 18th of June, I was called to him, as he had suddenly, when dressing in the morning, tried to jump through the window. I found him in every way suffering from acute mania. He would take no medicine; but, when asked to take a glass of porter, said that he would. Sixty grains of chloral were administered in porter; and fifty minutes afterwards he was in a calm sleep, which continued nine hours. At seven o'clock, he awoke and wanted something to eat; he took meat, bread, and porter, with forty grains of chloral. This was followed by a good night; he slept ten hours, awoke hungry, and took food plentifully. His bowels acted well. He has since continued quiet, and is now approaching convalescence, and again commencing work.

CASE II.—M. A. B., female, aged 19, was admitted June 9th. She was cruelly bound hands and feet, and was immediately released, and placed in the padded room. She was suffering from acute mania. She refused food with obstinacy, but after some little time called out for water. She was induced to drink a glass of porter which had sixty grains of chloral dissolved in it. In forty minutes she was in a calm sleep, which lasted ten hours. She awoke hungry, and had beef-tea, and another glass of porter with forty grains of chloral. She has continued taking the chloral in porter three times a day, in doses gradually decreasing to fifteen grains, with marked improvement, and is now recovering.

CASE III.—R. B., female, aged 59, was admitted June 22nd. She had all the symptoms of melancholia canina. On my entering her room, she was crouched in one corner, but came towards me on her hands and feet, barking savagely. Seeing the nurse with a glass of medicine in her hand, she rushed at her. As I could make no examination, I could only judge the pulse to be over 150 per minute. On the partial subsidence of violence, she was induced to take a glass of porter with sixty grains of chloral dissolved in it. In fifty minutes, she was in a calm sleep, which lasted eight hours; pulse 84, respirations 18 per minute. She was then willing to take support in sufficient quantity, and had porter, with forty grains of chloral dissolved in it. This produced a good night's sleep, which has continued uninterruptedly each night, the chloral being repeated in decreasing doses to fifteen grains three times a day. She is now gradually improving, the unnatural noise not having been heard since the third day from her admission, and she now converses rationally.

I trust that these short notices may be of some service in shewing a means of preventing the excitement produced by the endeavour to administer medicines, when refused by the patient, which must, in cases of acute mania, materially deteriorate from the desired effect.

OBSTETRIC MEMORANDA.

SPONTANEOUS EVOLUTION.

By W. M. WHITE, M.D., Lavenham.

THE following case of spontaneous evolution, occurring in my practice, may be interesting.

J. M., aged 22, single, in labour with her second child, sent for me on June 16th at 10 A.M. The membranes ruptured as I entered the house. A pain immediately followed my arrival up stairs, during which I made out a shoulder-presentation. Another pain, before I could leave the bed, brought the right elbow and hand into reach, when I determined to turn, and dropped out forty drops of laudanum to still the violent pains. Whilst doing this, a great pain produced the hand. I then gave the laudanum; and, while I was rolling up my sleeve to turn, the woman called out that the head was born, which I knew to be unlikely; and so it proved, for the body and one arm lay in the bed, and the head and left arm in the vagina. I drew down the funis, passed the child's hand over the face, and extracted immediately.