useless. Dr. Finnie suggested tracheotomy, and although I felt from the history of the operation not only in this city, but on this continent, that the chance of its success was almost *nil*, yet as it was the only chance the child had we decided to recommend it. This we did, and the consent of the parents having been obtained, we proceeded to make preparations for the operation. So rapidly did the course of the disease progress to a final issue, that by the time everything was in readiness it was admitted by all that a very few minutes would terminate the child's life. The child being placed on a table, and the shoulders elevated so as to allow the head to fall back, and thus bring the trachea into prominence, I proceeded to cut down. A good deal of trouble was experienced from a vein or two which were cut across, but torsion soon stopped the bleeding. The trachea being reached some difficulty was had in steadying it, for when pressure on the rings was made by the knife it rolled from side to side—a tenaculum failed to steady it; this was finally accomplished by steadying it by a finger on each side. I then cut three rings, and was bespattered by blood and mucus—for an instant the child seemed lifeless, but the tube being introduced respiration was resumed. The relief was most marked, and apparently from the borders of the grave the child was brought back to have another chance for its life. Everything being securely fixed, the child was placed in bed, and was soon asleep. The temperature of the room was raised to 80°. and moisture kept up. I remained till 9 a.m., and left the child sleeping comfortably, having previously ordered the following:—

Quin Sulph.,	gr xvi
Tr Ferri Mur,	ʒ ii
Potas chl	ʒ ss
Vinum Ipecac,	ʒ ii
Syr Simp.	ʒ iss
Aquae, ad	ʒ iv

A tea spoonful every two hours.

12 m.—Child very comfortable—slept a good deal. Respirations 24 per minute. Pulse 160, full and irregular in volume, has taken fluids, beef tea, &c., with avidity. Is cheerful, has noticed some of its play things; bowels moved, tube cleaned only once, and is now quite free.

An ingenious arrangement was adopted for keeping up the moisture. A small hose was attached to a boiler in the kitchen, and conveyed by means of this rubber tubing into the bedroom, into which it discharged large volumes of steam. The room in this way was kept very moist—temperature of bedroom, 84 F.

4 P.M.—Still the same. A student in attendance, who has cleaned the tube three times. Respiration 24, pulse 160, temperature of room 86 F. and moist. Auscultation gives respiratory murmur quite clear. Takes food well.

9 p.m.—Same report.

May 4.—Student reports the child somewhat restless during the night—the tube requiring cleaning about every half hour. Respiratory murmur still clear. Bowels moved; pulse 180 and very full, still takes food with great avidity.

2 p.m.—Sent for in great haste, as child had a severe convulsion—had another before I reached the house—found her comatose, both pupils dilated, respirations 38 per minute, pulse small and impossible to count, large accumulation of mucus in bronchial tubes. Child never rallied, but passed quietly away at 3.30 p.m.

Progress of Medical Science.

ABSTRACT OF A LECTURE ON CHLORAL AS AN ANÆSTHETIC DURING LABOUR.

By W. S. Playfair, M. D., Prof. of Obstetric Medicine in King's College, Physician for Diseases of Women and Children to King's College Hospital, and Examiner in Midwifery to the Royal College of Physicians.

"The means at our disposal for lessening the sufferings of our patients during labour must always be a subject of great practical interest to the accoucheur. The administration of chloroform during the second stage has become so established a custom among many, that it is perhaps hardly necessary to say much with regard to it. The more experience, however, I have of its use, the less I feel bound to say, do I like it as an anæsthetic during labour; and this, not because it does too little, but on account of its tendency to do more than we wish. While, in certain cases, when given with judgment, only during the pains, and not until these have become strong and forcing, it answers admirably, soothing the patient's suffering without retarding her labour or producing complete anæsthesia; in others, it has an unquestionable tendency to diminish the force and frequency of the uterine contractions. I know not what may have been the experience of others, but my own certainly is that in a large number of cases it has a very marked effect in diminishing the strength of the pains, and thereby very materially lengthening the continuance of the labour. Over and over again,