

average every 48 minutes, while out of doors it had one every 91 minutes. In another severe case the child had nearly three times (2.74 : 1) as many paroxysms indoors as out of doors. In a mild case the difference was less (1.4 : 1). The difference in all the cases varied on different days, but it was on the whole sufficiently marked to strike and convert the parents, at first disposed to distrust the advice given. He states that a threatening paroxysm may be arrested sometimes when in the house by carrying the child to an open window, where it takes several deep inspirations, and the feeling of distress and anxiety which precedes the paroxysm passes off. Ullmann recommends that in summer and on fine days in winter the patients should be kept out of doors—not for a few hours only, but from morning to evening. He attaches much importance to their being given their meals out of doors. The paroxysm of cough and vomiting which so commonly follow a meal is thus in many instances avoided, and the serious deterioration of general nutrition liable thus to be produced is prevented. He does not look on bronchitis or even broncho-pneumonia as a contra-indication of the open-air cure.—*Brit. Med. Jour.*

SELF-POISONING BY CHLOROFORM.—Few practices are at once more pernicious and more common than auto-intoxication by means of chloroform. Within a few days two persons have done themselves to death by inhaling chloroform. Mr. F. C. Banks, as a result of a poisoned wound inflicted by pricking his finger with a toothpick, suffered great pain. It appears from the evidence of his wife that he inhaled chloroform to obtain relief. It is almost incredible that this man had for eighteen months received regularly daily at his house two ounces of chloroform for auto-intoxication. He poured a small quantity upon a paper cone and inhaled it. The wife awakened to find an unfortunate man comatose and stertorous, and from this state he never recovered. It seems to us perfectly monstrous that the victim should ever have had the chloroform supplied to him. The laity know so little of the perils of inhaling anaesthetics that they ought to be protected from themselves and others equally incompetent to administer the drug. In the second case, a young surgeon, Mr. T. G. Sloan, of West Calder, suffering from neuralgia and sciatica, inhaled chloroform to secure sleep and forgetfulness of his pains. While comatose he appears to have fallen forward and so inhaled a lethal dose and died. Thus two lives are sacrificed to a reckless use of one of the most beneficent drugs given to man to assuage those ills to which flesh is heir.—*LANCET.*

A CASE OF SULFONAL POISONING IN A DIP-SOMANIAC.—A married woman, aged thirty-seven, separated from her husband owing to

her habits of intemperance, had been abstemious under moral restraint for about three months, when, on May 24th, 1895, she showed signs of an approaching attack of alcoholism. She was watched carefully for a time, but owing to illness and removal of her attendant she was left in charge of a maid. Her first dose, on June 1st, was about one pint and a half of methylated spirit, partly procured from a lamp in the house; then two-pennyworth of the same was obtained from a lamp shop (about six ounces), the druggists in the district having received notice not to serve her; thereupon, her thirst seemed to be so extreme that she resorted to some painters, from whose can of turpentine she took a drink. She next discovered a bottle containing 100 tabloids of sulphonal, containing five grains in each, which had previously been taken from her; and which she had received by post; these she chewed up in her mouth one after another till she had swallowed fifty-three (equal to 265 gr.) About 5 p.m. the same day she was found by the maid (who had unfortunately been obliged, owing to domestic duties, to leave her a great deal to herself) in a state of stupor on the floor, and was carried to bed. At 11.15 p.m. I was summoned to her and found her sleeping on her side with her knees drawn up and the pupils slightly contracted and insensible to light. When roused she smiled graciously and lapsed off to sleep again; she tried once to raise herself in bed, when she fell powerlessly back again. Next day the legs were found to be extended, and the soles of the feet were arched in a state of extreme flexion. The bowels were confined. She slept from 5 p.m. on June 1st till 5 a.m. on the 4th—sixty hours—and did not regain speech till the 7th and the power of locomotion till the 8th. This case is interesting as showing the irritation produced to the plantar branches of the post-tibial nerve—presumably by the sulphonal—and the long period that elapsed before the toxic flexion of the soles made itself manifest, thus showing the slowness of the action of the drug.—*The Lancet.*

FRACTURE OF THE FEMUR FROM MUSCULAR ACTION.—Dr. Irving S. Haynes reported the case of J. W., an athlete, thirty-six years of age, who, while bowling, had attempted to throw a heavy ball, in doing so had lost his equilibrium, and, in endeavoring to regain it, had brought such a strain upon the left femur as to fracture it in the middle. The line of the fracture had extended slightly obliquely from above and inward, downward and outward. He had been in unusually robust health, and had been free from any specific disease: hence the manner in which the fracture had been produced was of unusual interest.

Dr. J. W. S. Gouley recalled the case of a healthy young man, under thirty years of age,