

duction of a new method into medical or surgical practice it is important to state cases fully. While some of these cases have been heretofore reported, the object of the paper would be rendered *nil* by mere reference to them, as the majority of the members of the Congress appear to know very little regarding the work accomplished by the methods described.

REPORT OF CASES.

CASE I.—DR. FELL.

At 12.30 a.m., Saturday, July 23, 1887, I was called to attend Mr. Patrick Burns book-keeper, residing at No. 49 Morgan Street. I found the patient in a semi-conscious condition. His wife reported that he had been drinking heavily for a week past, and had been in the habit of using alcoholic liquors to excess for ten or twelve years. His present excesses induced him to try chloral to produce sleep, but finding this unsuccessful, he added twenty grains of morphine,* with the following result. According to his statement, he had taken the drug late on Friday afternoon, so that sufficient time had elapsed to permit complete absorption. When first discovered by his wife, he was breathing stertorously, and was with difficulty aroused. A draught of black coffee was given, which produced vomiting. On my arrival, I supplemented this with one of mustard, sodium chloride, and water, which effectually emptied the stomach. This produced no further effect, as the patient, left to himself, immediately passed into the deep, narcotic condition of opium poisoning. The pupils were markedly contracted, and it was evident a serious case was on hand. At this time I administered two cathartic pills which I had with me, and, at different times, minim doses of fluid extract of belladonna, sent for some atropia, and frequently administered the one-sixtieth of a grain hypodermically. To keep the patient awake, he was dressed, and two attendants walked him around the block in the cool, pure atmosphere of the early morning. At each round I examined him, and administered more atropia. The fourth or fifth round, when within one-half

block of the house, his limbs gave out, and while being tugged and jerked along, stertorous breathing began again; he was carried into the house, and laid on the floor, as I believed, to die. This was about 3.30 a.m. As the respiration failed, and the intervals between them lengthened, Sylvester's method of artificial respiration was employed, and kept up at intervals long after I had given up any hopes of the man's recovery and until I was thoroughly exhausted, and, further, without apparent benefit to the patient. In the meantime, I notified the family that the patient could not live.

At this juncture, Father Grant, of the Cathedral, appeared, and performed the last rites of the Catholic Church. At my suggestion, a bed was prepared in the front parlor of the house, and the patient laid upon it. From Mrs. Burns I obtained the data for the death certificate, which I confidently expected to file in the morning. I then took a last look at the patient, only to confirm my opinion that death was imminent, and then thought nothing more could be done. I was too thoroughly fatigued to think of forced respiration.

The pulse, before Father Grant came; had registered as high as 180, and before I left the house it could have been counted with difficulty: I considered it 200 or more. The respirations at 4 o'clock in the morning were five per minute, and, when I left the house for home, were intermittent, or with a long intermission followed by a few spasmodic respiratory efforts, and then apparent inanition for a time. I left for home a little after 5 o'clock in the morning, went to bed, and, after a sound sleep, was awakened by a call about 8 o'clock.

Dr. F. R. Campbell, who, through illness, had been unable to respond to an early summons from Mrs. Burns, called about 8 a.m., and finding Mr. Burns still alive, sent for me. I promptly repaired to the house, and indeed the patient was alive, with respirations, however, not more than one per minute, and the pulse with difficulty to be detected at the wrist. The extremities were quite cold; the face had assumed a cyanotic appearance; pupils still contracted. The doctor suggested that more atropia be given hypodermically, to which I assented. Together we repaired

* Mr. Burns stated on questioning that he had a powder two inches long, three-fourths of an inch wide, and about one-fourth of an inch thick, and that he took one-half of it; on measurement, found equal to grains xx.