the direction of the wind. This method of admitting fresh air may be combined with any of the usual systems of removing foul air, such as by the use of fans, by cowls, or by artificially heated flues.

This system of ventilation, it seems to me, is particularly well adapted to bedrooms and sick chambers, where it is desirable to have a constant supply of fresh air with freedom from unpleasant or dangerous draughts. It may also be made to supplement any other system of ventilation.

I have suggested to some parties the propriety of taking up the manufacture and putting in of these ventilating appliances as a business, but so far without success. If the co-operation of the medical profession could be assured, there would be no difficulty. Would it be too much to bespeak such co-operation?

With regard to the question of cost, I find that plain ventilators, suitable for bedrooms and rear premises, can be put up for about 50 cents each, while ornamental sashes would cost from $1.25 up, according to width of window and according to the style of the ornamental glass.

Selections.

OXYGEN GAS IN ACUTE RESPIRATORY AFFECTIONS.

BY E. MARKHAM SKERRITT, M.D. LOND., F.R.C.P.,
Senior Physician to the Bristol General Hospital: Lecturer on Medicine at the Bristol Medical School.

My experience of the effects of oxygen in the following case has convinced me that Drs. Lauder Brunton and Prickett have done good service in calling attention afresh to the therapeutic use of this gas. As in the instance which they describe, a fatal issue was not averted, but the effect was such as to indicate the probable value of oxygen under more favorable conditions.

Last October, Dr. Parsons, of Cotham, asked me to see in consultation with him a gentleman, æt. 66, who for many years had suffered from bronchitis and emphysema. At that time there were no urgent symptoms, but the patient had advanced pulmonary emphysema, with secondary dilatation of the heart, and in consequence was always the subject of more or less dyspnœa.

On January 24th I saw him again in consultation with Dr. Parsons and Dr. Newman, of Bristol. His temperature was then 102.8°, and he was wandering; dyspnœa and cyanosis were very marked, and extensive bronchitis and broncho-pneumonia existed. Next day there was no improvement, and we therefore decided to administer oxygen. At 7 p.m., when the inhalations of the gas were begun, the pulse was rapidly failing, the surface was very dusky, and the patient was fast approaching his end. The immediate effect of the oxygen was most striking; the pulse improved wonderfully in tone, and the cyanosis completely disappeared; as the hands were watched the blue color under the nails could be seen fading away and giving place to a healthy pink. The change was so marked that it was evident to all present. When the inhalation had ceased for a few minutes, however, the pulse again began to fail and the cyanosis to return—to be again removed by the fresh administration of the gas. This sequence recurred again and again, until at length the oxygen was given more or less continuously. Strychnine was also injected subcutaneously. In the early hours of the following morning, however, the effect began to be less marked, and the patient gradually sank and died about 9 a.m.

The influence of the oxygen in this case in removing cyanosis was extraordinary and altogether beyond doubt. The conditions under which it was given, however, were most unfavorable. The occurrence of extensive bronchitis and broncho-pneumonia upon long-standing and advanced emphysema, with weakened heart, made the outlook practically hopeless; but we were convinced that at all events life was prolonged by some hours, and Dr. MacCarthy, of Worcester, who was present during the night and kindly helped with the inhalations, concurred in this view. In my article in Cassell's *Year Book of Treatment for 1892* (p. 40, sec. 2) reference is made to a case of pneumonia reported by Dr. Blodgett, in the *Boston Medical and Surgical Journal*, in which the influence of oxygen is said to have been "almost as pronounced and evident as is that of ligature in hemorrhage," and in the face of our experience this can hardly be considered an exaggeration. I have never seen such an extraordinary effect upon cyanosis produced by any other means, and, for the future, in any case of acute respi-