

mortem appearances in any case of death from inhalation of Chloroform which may come under his notice, I venture to publish the following notes trusting that they may be of interest to the profession generally. In the first case there could be no doubt of death resulting from inhalation of Chloroform, in the second, Chloroform was partially and perhaps only in a slight degree the immediate cause of death. As the following notes will sufficiently explain the cases, I will not extend this article by making any remarks on them. To the Coroner Dr. Jennings before whom the inquisition was held I am indebted for leave to publish the notes of the 1st. Case.

C. H. A delicate man found dead in his bed, January 27th, 1868, with a bottle of Chloroform lying beside him. From the evidence at the inquest it appeared that he had been in the habit of inhaling Chloroform from time to time to relieve the procyms of asthma. He had been heard to say that the Chloroform relieved him and produced sleep but that it required several days to recover from the prostrating effects produced by it. During one day at Nassau he had inhaled $1\frac{1}{2}$ lbs. of Chloroform sitting in the open air. He had stated that he had inhaled 5 lbs. of Chloroform in a week; during the 5 or 6 weeks previous to his death he had tried to dispense with its use and only inhaled about 3 3. the night before he died, the night of his death he had taken a little over an ounce.

Post Mortem examination made by Dr. Wickwire. No rigidity of the muscles, no marks of violence, brain and its membranes greatly congested, no effusion between the brain and membranes, effusion into the ventricles very slight, substance of the cerebrum, cerebellum and medulla oblongata normal, pupils dilated.

Viscera of thorax. Adhesion of the pleura to the lungs, right lung emphysematous and congested, containing tubercles and several cavities, left being more emphysematous than the right containing tubercles and two small cavities, pericardium adherent, heart externally, had marks of chronic adhesion, flabby and nearly collapsed, right side contained a small quantity of black blood, left side empty.

Abdominal viscera. Liver, right lobe very much enlarged and congested, left small; gall-bladder contained a small quantity of bile; stomach, spleen intestines and bladder in a healthy condition, kidneys and supra-renal, capsules greatly congested.

Case 2—O. G. Aged 40, admitted into the Provincial and City Hospital under my care July 1st, 1868. States that fifteen years ago he injured the left knee by striking it

against a piece of wood, a great deal of inflammation of the joint followed. During the past ten years it has been considerably swollen, painful and very weak, about a month previous to admission it became so painful and tender that he has been unable to leave his bed, has been greatly troubled with profuse perspirations and diarrhoea. On examination the left leg and thigh were found to be œdematous the knee joint was greatly enlarged and very tender to the touch and a small fistulous opening was found on its inner side. A few days after admission he was placed under the influence of Chloroform and a probe passed down the fistula. No dead bone and no grating sensation on rubbing the ends of the bones together could be felt. On consultation with Drs. Almon, Black and Hattie it was decided to make a free incision through the cellular tissue over the inner side of the joint and allow the infiltrated serum to escape. This was done and the patient put to bed. No unfavourable symptoms from the chloroform were noticed.

July 22nd. After a consultation the patient was again placed on the operating table, Present Drs. Parker, Hattie, Black, Woodill and a number of students. Chloroform was administered in the usual way on a towel. In a few minutes the patient was fully under its influence, breathing good, pulse strong. I then amputated the limb about the middle third of the thigh, the arteries were tied without delay and about the usual quantity of blood was lost. Immediately the leg was off the Chloroform was discontinued, at that time the patient was breathing naturally and the pulse was very good. About three or four minutes after this, the teeth became firmly clenched, respirations stertorous and gasping, pulse very small and skin covered with a clammy perspiration; the jaws were immediately forced open and the tongue drawn forwards, artificial respiration stimulants and other remedies were applied but in vain. The patient died about ten minutes after the first alarming symptoms set in. On examining the diseased joint the synovial membrane was found to be converted into a gelatinous mass, the cartilage covering the inner condyle was perfectly sound, that covering the outer condyle, the heads of the tibia and fibula was completely destroyed and the bones roughened. Post Mortem examination about 30 hours after death. The heart substance valves and aorta were perfectly healthy, cavities quite empty. The lungs, stomach, spleen, intestines and kidneys were all healthy but quite pale from want of blood. The brain was quite pale and its blood-vessels empty.