

prompt cushion under the shoulders and the body "slightly inclined from the feet upwards." The tongue should be drawn forward and kept in position by an assistant or by an elastic band. The forearm is flexed on the arm, and the surgeon, grasping each near the elbow, presses them firmly against the sides of the chest. The arms are then immediately raised by the sides of the head and kept "stretched steadily upwards and forwards for two seconds."

Dr. Sansom recommends that before commencing the respiration, pressure be made with both hands on the lower third of the sternum, and also on each side of the thorax; by which means he believes that from 15 to 20 cubic inches of the residual air of the lungs may be expelled. According to Herbst, after expiration, there will still be about 170 cubic inches of residual air in the lungs. When this air is surcharged with chloroform "it is obvious that the first efforts should be directed to the getting rid of it."

The following directions by Dr. Sansom for resuscitating cases of apparent death from chloroform are so judicious and complete that I cannot do better than give them nearly entire. He says—"If in the course of the inhalation you notice a sign of danger; if sudden pallor occurs; if the pulse fails; if after severe muscular excitement there is sudden collapse; or if there is an evident embarrassment of respiration, at once remove the chloroform, and

1. Bring the patient to the recumbent position. The blood regurgitating from the system to the heart may induce in the latter renewed contractions.
2. With the finger or with a pair of forceps, draw forward the tongue.
3. Make a few alternate pressures by both hands upon the lower part of the sternum.
4. Commence artificial respiration. Having first brought the patient's arms to the sides, and exerted pressure against the walls of the chest to expel some of the air, lift the arms straight above the head, then bring them again to the sides and compress. Repeat this frequently, but be sure that it is done thoroughly, the arms well extended and the chest firmly pressed. It may be well to let another press the lower part of the sternum so as to favor expiration.
5. At the same time let warmth be applied to the body. Let no time be lost; let no cold air circulate near; do not dash cold water upon the chest. Let friction be employed, the direction being from the toes upwards. If there be a possibility, let the galvanic apparatus be sent for.

6. If the apparatus is at hand, place the conductor (covered with a wet cloth), which is in contact with the negative pole of the primary wire of the battery, over the phrenic nerve on the right side of the neck, pressing it well in; the other conductor also wetted, should be pressed into the epigastrium; now set the battery in action for one or two seconds; this will cause instantaneous contraction of the diaphragm; remove either of the conductors for 10 or 15 seconds and repeat.
7. If after 5 or 10 minutes there is no recovery, or if the symptoms indicating danger have been characterized by difficult respiration or coma, perform tracheotomy; but continue your efforts at mechanical resuscitation. Do not relax the efforts, even if no sign of life return for at least half an hour.
8. Enemata of brandy and water may be administered during the process, and if the patient recover sufficiently to swallow, a little stimulant may be at once given."

I would simply add to the above that I consider the use of the galvanic battery almost superfluous. The different means of producing mechanical respiration seem quite sufficient. The mouth-to-mouth insufflation answers best in children, and in cases where the signs of danger are sudden and early. In other cases, particularly where it is necessary to continue the respiration for a length of time, Dr. Sylvester's method is the best.

(To be continued.)

LEPROSY.

By R. P. HOWARD, M.D., L.R.C.S.E.

From a case of true leprosy reported in the *Canada Medical Journal*, we extract the following:

Oliver Contourier, æt. 45, born in the vicinity of Montreal, was admitted under Dr. Howard into the General Hospital on the 4th of Feb. 1868, as a case of Rupia.

History: His father, a previously very healthy man, died of cholera some years ago, and his mother died only five years past, at a very advanced age. Of his progenitors, besides these, he knows comparatively nothing. There was ten children in the family; two brothers have died within a few years, one through rupture of a vessel while lifting a heavy weight, the other of a malignant pustule; six of the number are deaf and dumb, but all are hard-working men and women, and in the enjoyment of good health.

The patient himself has been engaged, more or less actively, for many years as a lumberman and hunter, and for weeks and months consecutively has been accustomed to eat nothing in the shape of