

brandy and digitalis given hypodermically.

At 11 p.m. Dr. Fell was called, and tracheotomy with forced respiration determined upon. Present, Drs. Fell, Heath, Mickle and Mulherin. Trachea opened and tubes inserted by Dr. Heath at 10.25 p.m.; forced respiration commenced; patient seemed to revive; pulse became fuller, was irregular; color in face returned, and at 12.15 a.m. patient first opened his eyes. Stomach tube introduced to wash out contents, at 12.30. Injection of soapsuds per rectum, 1 a.m. This found inefficient, and gtt. ii. olei tigllii administered at 1.15; urine again drawn at 1.45. Signs of returning consciousness at 2.30; patient opened eyes and lifted hand. Between 2 and 3 a.m., condition good, pulse full and regular; vigorous slapping of face and yelling in ears elicited no response; 3 a.m., pulse 90; 3.45 a.m., patient suddenly raised his arms and attempted to speak. At this time the forced respiration was discontinued, but patient refused to breathe. At no time since the operation was begun has the patient been cyanotic. At 4.15, patient again threw his arms about, and, in answer to a question, said he was "awake." Hæmostatic forceps removed from neck after vessels were ligated, slight hæmorrhage. Respiration continued; 5 a.m., patient opened eyes, became somewhat convulsed, and again relapsed into a state of unconsciousness; two ounces of nitre given by mouth, and stimulants through the air-heating section of the apparatus. At 5.15 a.m., bellows working at the rate of 108 movements per minute, patient by this means receiving 21 respirations to the minute; pulse good and color of face normal; 5.20, air-heating apparatus again used; 5.40, heated air discontinued; 5.50, urine drawn; 7.00 a.m., face and hands more cyanotic, pulse 90, temperature 99.5° Fahr.; 7.30, pulse growing weaker, patient somewhat cyanosed; 8.20, failing; 9.00 a.m., pulse 88, heart very weak; 9.30, pulse varies, becoming alternately strong and weak. At no time during the operation has the patient been able to breathe of his own accord. At 10.00 a.m., pulse 90, temperature 98°; peptonized beef extract given per rectum. 12.45 p.m., patient made a few convulsive efforts to breathe, again relapsed into un-

consciousness, pulse becoming very weak and feeble; patient grows pale; skin cold. Complete cessation of pulse at 1.10 p.m. May 19; patient dead; forced respiration discontinued, and instrument removed at 1.13 p.m.

In this case the patient was kept alive by the forced respiration for fourteen hours and ten minutes; and it is reasonable to infer that his life was prolonged at least twelve hours longer than it could have been done by any other methods known.

CASE VI.—Dr. FELL.

May 26, 1888, I was called to the residence of H.C.F., Delaware avenue, Buffalo, and found his eighteen-day-old infant held by a nurse in a tub of warm water; body deeply cyanosed; an occasional gasp indicated that life still existed; pupils contracted; reflexes absent. Inquiry elicited the following history: a homœopathic practitioner of Buffalo had been called to prescribe for the child. He took out of his case a powder containing morphiæ sulphat, gr. j. By some psychological freak, he directed the nurse to give it to the babe, thinking he had replaced it in his case and handed her a harmless powder in its stead. Some time after the physician had left the house, the nurse called the child's mother's attention to the supercription on the powder,—morph. sulph. gr. j.—and with the probable belief that all homœopathic (?) medicine was harmless, the fatal drug was placed in the mouth of the little one at 12.45 p.m., and all absorbed. At 2.30 p.m. the child was discovered in convulsions, a physician Dr. A. M. Curtis, summoned, and the usual steps taken to resuscitate. When it is considered that the quantity of morphine taken was equivalent to about seventy doses for an infant of this age, it appears a hopeless task. From 2.30 until about 4.30 p.m. artificial respiration was used with little benefit. It was nearly 5.00 p.m. before I arrived at the house, and with difficulty in one so young, only to be appreciated by experience, I made tracheotomy. Previous to the trachea being reached, respirations would cease; but by placing my mouth over the nose and mouth of the babe, and forcibly blowing, the lungs were inflated, resulting in keeping up the action of the heart until the