

instant the pulse stopped. Dr. Rowand requested cold water to be immediately dashed on his face; and, rapidly commencing the operation, commenced artificial respiration, by repeated forcible compression of the lower ribs, and in a few minutes a gush of air passed out at the tube; respiration was fully re-established; he opened his eyes, and a happy smile instantly passed over his face, as if he felt assured that he was saved. In a few minutes he was lying in bed, breathing without difficulty, and, before we left the hospital, warmth was restored to the surface, and he appeared disposed to sleep. At midnight, the tube, from not fitting properly, got displaced, and hemorrhage from the wound took place to such an extent as to threaten suffocation. Dr. Rowand was present, and, by good fortune, succeeded in getting him to cough the clots out through the tube, and he was once more saved.

Under proper treatment he continued to improve, but every attempt to remove the tube was immediately attended with suffocation. After some time, severe diarrhoea set in, which was with difficulty subdued, but by persistence in the use of cod liver oil, &c., &c., this was at length overcome, and he gained strength and flesh, becoming positively fat.

In the ordinary routine of the hospital, he was transferred to Dr. Jackson, who followed up the treatment, and proposed to try dilatation of the larynx, and the application of nitrate of silver, but as he suffered no inconvenience as long as he was permitted to breathe through the tube, and an opportunity occurring for his return to his native country, his wish was complied with, and he was allowed to depart on the 9th June last.

This case presents several features of more than ordinary interest, and the question arises, What was the nature of the collapse which took place during the operation—was it syncope or asphyxia? I have come to the conclusion that it was asphyxia, which of necessity involved death, had not the operation been rapidly concluded. I believe that resuscitation was solely owing to the judicious and immediate adoption of artificial respiration, and this belief gave rise in my mind, and, at the same time, in that of Dr. Rowand, to the conviction that tracheotomy would be the most efficient treatment in asphyxia from chloroform. This opinion has been strengthened by reflection, and by the perusal of the following passage from fol. 396, "Military Medical and Surgical Essays," by W. J. Hammond, late Surgeon-General U. S. Army:—"We may presume that anæsthetic vapours are not poisonous in themselves, but when ignorantly and carelessly used, they arrest the circulation in the capillaries of the lungs, as nitrogen or hydrogen would do, by exclusion of the necessary oxygen. Hence, in cases of asphyxia from their use, when the natural