people. The struggling in this case was of that character noticed in persons addicted to stimulants. In either robust or alcoholic individuals is it right to continue the administration boldly? Most emphatically, No. The Edinburgh school may boast of immunity from death by their method, but I think their healthier patients and the purer air may explain much; but whatever it be, no one who administers chloroform to a purely London *clientéle* but will be driven by experience to give it most carefully. The patient should be moved as little and as gently as possible while under an anæsthetic, and also during recovery. In this case there was no excessive movement, the operation was on the foot; the patient had plenty of air. In operations about the jaw, in addition to the dangers consequent on the part, I have seen a difficulty arise from the pressure on the chest, of instruments, or a casual elbow or hand. Sylvester's method of artificial respiration is the best, with this modification: grasp the arm just above the elbow, instead of at the wrist. The reasons are obvious; and the respiration should not exceed twenty-five per minute. When sufficient assistants are present the artificial respiration can be much more efficiently performed by two—one standing on each side of the patient, and working one arm apiece. This is better than only one behind the head; the assistant that pulls forward the tongue and keeps the lower jaw forward can then stand at the head. The tongue should be well pulled forward until the entrance and exit of air to the chest can be heard. The legs should be raised at right angles to the body; this assists the circulation, is an improvement (without interfering with the Sylvester) on the "hanging up head down" plan (which, however, is good in the case of children), and in addition relaxes the abdominal walls. There is no doubt of the efficacy of nitrite of amyl on the circulation; it is now prepared in hermetically sealed capsules, which can be obtained sufficiently strong to carry loose in the waistcoat pocket. I have broken only one so carried during the last twelve months. Those containing five drops are the most useful. I think the strength and frequency of the pulse after resuscitation on this occasion were entirely due to the amyl. Should the patient not come round in six or seven minutes, I should recommend immediate tracheotomy or laryngotomy, as I think the air passing direct through the tube is a stronger stimulant than when passing through the normal passages warm and already impregnated with chloroform vapour. If ice be handy, a piece put in the rectum can do no harm, and has been already noticed as of avail; it interferes in no way with the rest of the process. If the heart still continues beatless after the inhalation of the nitrite of amyl, I should feel inclined to puncture the pericardium, so as to reach the apex of the heart with the electric needle. This being unsuccessful, the substance may be pierced. In no case ought artificial respiration to be relaxed until the above measures have been tried, when, if the patient has undergone a very serious operation and a long anæsthesia, I trust the operating surgeon will always share the result with the administrator of chloroform.—*Medical Times and Gazette, Feby. 16, 1878.*

ON PARACENTESIS OF THE PERICARDIUM WITH A SUCCESSFUL CASE.

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GENTLEMEN: You will remember that in connection with two cases of pericarditis of moderate severity, which formed the subject of a lecture several months ago, I referred to a desperate case of pericarditis, with effusion, in which it had been necessary to perform paracentesis. My chief object to-day, in returning to the same subject, is to report at length the latter case, and to make a few practical remarks in connection with that operation.

Sarah C., æt. 17, a well-developed girl, enjoying general good health, had noticed since May, 1877, some shortness of breath on exertion, especially after mounting the long flight of stairs leading to the fringe factory where she worked. She had also been obliged to pass urine more frequently than usual. She had never mentioned either of these symptoms to her parents, fearing that they would make her stop working. In early childhood she had passed through a mild attack of measles; but had never had any other exanthem or rheumatism. On Sunday, September 2, she suffered with præcordial pain. No cause could be assigned for the attack, unless it were that she had been chilled by a draft which blew upon her as she worked. On Monday the pain continued with some sense of oppression. She did not leave the house, but it was not until Wednesday, September 5, that she became quite suddenly so ill as to confine her to bed, when she was seen by Dr. George Rex, with whom I saw the case in consultation, and to whose courtesy I am indebted for many of the facts in connection with it. He found her with a very moderate degree of fever, but with some anxiety and distress, and with rapid pulse, frequent breathing, and severe præcordial pain. By Friday, September, 7, she was much worse. There was still severe præcordial pain with great restlessness and distress. The respiration was very frequent and much laboured. The pulse was extremely rapid, feeble, and irregular. The apex beat of the heart was felt with difficulty, and the