the pupils, and general lividity developed rapidly. The patient was inverted, hot applications were applied to the precardium, the tongue was drawn forward and artificial respiration carried on for fifteen minutes, when respiration was restored. Six natural respirations occurred in a minute, during which the lividity was decreased considerably. The pulse could not be felt, but some cardiac movement could be recognized by Dr. Stewart with the stethescope. With the return of respiration I began to feel that the danger had passed, but at the expiration of one minute respiration became slow and shallow. Artificial respiration was resumed, $\frac{1}{30}$ gr. of strychnia was given hypodermically and three capsules of amyl. nitrate, (5 minimim's each) were applied to the nostrils. At this time however, respiration had practically ceased, so that the amyl nitrate had probably no effect whatever. Respiration ceased entirely and deep lividity supervened. Restorative measures were abandoned at 2.58.

At the autopsy, seven hours after death, all the chambers of the heart were found moderately full of blood, the brain tumour was found to be an infiltrating sarcoma, diffused over a wide area of the left hemisphere with secondary nodules in the peritoneum,—(an inoperable growth).

The coroner was notified and an inquest held, the result being a verdict fully exonerating the hospital and all concerned.

In this case, which was carefully observed throughout, death very clearly began at the heart, and also very clearly was not due to over dosage, which, I believe, is a much more frequent cause of death in chloroform administration than is generally recognized. In cases of death from overdosage, moreover, the respiratory function is the first to fail, and the widespread belief that chloroform frequently, if not generally, kills through arrest of the respiratory function is, in my opinion, largely based upon the observation of such cases. This was a conspicuous fallacy in the experiments of the Hyderabad Commission. They chloro-