

gives the history of the man mentioned, and those of three other cases where influenza could not be diagnosticated during life, including the post-mortem findings of a case of influenza in a (sane) nurse who died of pneumonia. Here also was great hyperæmia of the brain and its membranes, yet not so pronounced as in the insane cases. The writer has seen influenza accompanied by severe psychic symptoms. In a few cases, the condition resembled acute delirium, which, however, is transient, and seems easily controlled by antifebrin. On the contrary, in two hopeless cases of insanity the disease had such a favorable and curative action that they may be regarded as cured. In both cases there was pneumonia.

The epidemic influenza has impaired the morale of the community. Lack of spirit in work, and an apprehensiveness with reference to health, business, and all matters of personal interest are abnormally prevalent. The hysterical have become more hysteric; the neurasthenical more neurasthenic. Hypochondria has displaced hopefulness in individuals commonly possessed of courage and fortitude. In brief, certain neuropathic and psychopathic features have been impressed upon the community. We cannot afford even to dismiss entirely from consideration the bearings of the epidemic upon the increase not only of suicides, but of other grave crimes.

Many interesting questions in connection with the treatment might be discussed; but as the subject of treatment has been assigned in this discussion to Dr. Hare, I will only speak of one point.

The use in influenza of hypnotics, narcotics, sedatives, and motor depressants is a question of particular interest in connection with the study of the nervous and mental phenomena of the disorder. The views of practitioners and writers are here decidedly at variance. Serious mental and nervous complications or actual insanities occurring during influenza have been attributed to the too free use of such chemically powerful remedies, as phenacetin, antipyrine, antifebrin, chloral, bromides, sulfonal, and paraldehyde, and our older narcotics such as opium, hyoscyamus, conium, and cannabis indica, have also come in for a share of blame. Persisting conditions of nervous prostration, and chronic respiratory and cardiac neuroses, have also been charged to drugs. Undoubtedly such criticisms have some foundation, but it remains true that each of the remedies named has proved itself of some value in the treatment of influenza, and particularly of its nervous types. The enormous consumption of a drug like antipyrine is a practical argument both for and against its use. What Grassett has said of this remedy might with almost equal truth be said of almost any of the rest. "This agent," he says, "vaunted by some as a panacea against all mani-

festations of the disease, is considered by others a remedy absurd and irrational in all cases. The truth would seem to reside between these two extreme opinions."—*Cincinnati Lancet-Clinic*.

REMARKS ON DEATH DURING CHLOROFORM ANÆSTHESIA.

In giving a short description of the results of the Hyderabad Chloroform Commission I may remind you that the object of the research was essentially a practical one: it was to save people's lives, to use the words of his Highness the Nizam himself, to whose generous and enlightened liberality the Commission owed its existence. The Commission was originally suggested to the Nizam and his ministers by Surgeon-Mayor Lawrie, resident surgeon at the hospital of Hyderabad, and, like myself, an old pupil of Professor Syme.

The chief rule laid down by Professor Syme for administering chloroform was to attend carefully to the respiration, and take it as a guide for the continued administration or the suspension of the inhalation. This was the rule which had chiefly attracted Dr. Lawrie's attention, and upon it he founded his practice. Two other rules which Syme also laid down and which chiefly attracted my notice, were always to use the best chloroform and always to use plenty of it. Syme's utterance was brief and dogmatic, and he entered into no explanation of these latter rules, but I attempted to do so in a paper which appeared in the *British Medical Journal*, December 4th, 1875. I then attributed death during imperfect chloroform narcosis to the occurrence of shock, which was prevented by full anæsthesia.

In making their experiments the Commission had before them the questions how far death during the administration of anæsthetics was likely to be due to the action of the anæsthetic itself, and how far to the effect of shock from the operation. The question regarding the action of the anæsthetic also divided itself into two, namely, how far the lethal effect might be due to affection of the heart, how far to affection of the respiration, and how far to both. Before we attempt further to describe the experiments made by the Commission, I think it might be well to clear the way by mentioning that the time was too short to allow of the general action of chloroform or ether upon the tissues generally being investigated, and that we had to confine our attention to the methods in which death was likely to occur during surgical operations as usually performed. Previous researches had pretty well established that chloroform is a universal protoplasmic poison, and will destroy the contractile power of individual cells, of cilia and of muscular fibres, and, when injected into the artery of a limb, will produce rigor mortis in it,