the tissues surrounding it, occurred. The patient refused an operation for his relief in May, and did not consent to be surgically treated until the succeeding May. At that time he was much reduced in flesh, his blood was thin, and he was extremely weak. Fluctuation was marked over the whole outer face of the right ilium. The operation it was intended to make included only incision and drainage to let away accumulated pus.

The patient was given a preliminary drink of strong brandy. He was then placed upon a level table with his head and neck slightly elevated. The inhaler consisted of a very fine cambric handkerchief and the anæsthetic—chloroform—was dropped upon it from an air-displacing glass bottle. The method of giving the chloroform I aimed at was this: drop by drop, until a moderate cumulative effect was obtained. But during the stage marked ii. I at one time permitted half a teaspoonful to fall upon the handkerchief.

Symptoms pertaining to chloroform anæsthesia in this case.

(i) The patient eagerly inhaled the chloroform vapour for a few seconds and proclaimed himself anxious to be relieved of all pain. The pulse assumed slightly greater volume and tension and slowed from 110 to 80. After two to four minutes the respirations became rapid and to a slight extent sterterous. The anæsthetic was then withdrawn and partial consciousness almost immediately returned.

(ii) During the short period of unconsciousness the operator found it impossible to drive his bistoury through the soddened tissues; a more liberal dropping of chloroform was then made and anæsthesia became quickly profound. The pulse showed excellent characteristics in volume, tension and rhythm. Withdrawing the handkerchief from before the patient's face, I turned to assist the operator. Suddenly the respirations became deep, sterterous and rapid, and then ceased.

I examined the right radial artery and observed the pulse beating more rapidly than it had been and with greatly lessened volume. Presently it stopped. The usual methods of resuscitation were employed for a considerable time, but they were without effect. The patient was dead.

Tuberculous Osteo-Myelitis of Terminal Phlanx of Index Finger Succeeded by Tuberculous Invasion of the Lungs.

Lizzie C., aged 23 years, a moderately plump girl, five feet eight inches in height, consulted me in March, 1890, for the relief of a felon involving the terminal phalanx of the left index finger. The tissues of the end of the finger were infiltrated and œdematous, reddened towards the hand and pale and dead-looking towards the extremity. Anteriorly, on the palmar surface of the pulp, there existed a perforation of the