

cornea was frequently completely invisible, from extreme rotation of the eye-ball. At 2.30 the pupil was much contracted by the morphia, but the spasms were yet at their height. I, therefore, again had recourse to the morphia, believing that my only chance of success lay in deadening the nerve-centres before the circle of vicious reflex action became fully established. Whilst charging my hypodermic syringe the patient had so severe an exacerbation that my assistants, with one exception, pronounced him dead, some leaving the room. I immediately injected $\frac{1}{4}$ grain of morphia partly in the temple, and the remainder in the forearm; both of which parts were immediately subjected to powerful friction. The injection took effect rapidly and the spasms shortly began to abate, and by 3.15 had entirely ceased. The parts last affected were the muscles of the little fingers. No sooner had the rigidity ceased, than the patient sank into a somnolent condition. Those functions, which, during sleep are continued by reflex action, appeared most affected, for while his sleep was yet light, his respiration entirely ceased, so that when I re-entered the surgery, after an absence of a few moments, I found his features livid, his pulse almost imperceptible, and no visible respiratory movement. I immediately called him loudly by his name and he readily awoke and sat up, but shortly lay down and relapsed into the former condition of light sleep, his respiratory movements being very slight and gentle, and diaphragmatic, but not at all slow. In this condition he continued, gradually becoming more wakeful. At 7 p.m. he complained of occasional twitching of the muscles of the arms and shoulders, which, probably, was at least in part due to the action of the morphia, which I have observed to produce similar effects in other cases. For this twitching Dr. A. Groves, of Fergus, in whose care I had left him for a short time, administered one drachm of pot. brom., and advised a similar dose at midnight, which was given. The bromide speedily relieved the twitching. Several assistants watched the patient through the night. About 2 a.m. he was observed to fix his eyes on certain objects, and extend the fingers of his right hand in a very peculiar manner. I prescribed $\frac{1}{4}$ grain morphine per orem. After this he slept gently until half-past five, when his breathing suddenly became very faint, and his pulse almost imperceptible. My assistant found

it extremely difficult to arouse him, but after shaking him vigorously and speaking loudly to him he roused up, and when I saw him a few moments later I found him easy to arouse, and his respirations of ordinary rapidity; but entirely diaphragmatic and of small amplitude. I think, when the $\frac{1}{4}$ grain of morphia was administered at 2 a.m., patient was still influenced by that, which had been given the previous afternoon, and that $\frac{1}{8}$ grain would probably have been a preferable dose. During the next three days he gradually regained strength, although it was some days before he could fully open his mouth. The jaws did not seem stiff, but the mouth opened only so far and then came to a full stop. Movement was free so far as it went. I did not permit him to leave my surgery until twenty-six hours after the final disappearance of tetanus, neither did I allow him any solid food. When he awoke on the fourth morning, he found the third and fourth fingers of the right hand firmly flexed on the palm, so that it required some time and friction ere he could extend and move them freely. He also felt very nervous and shaky, and complained of palpitation of the heart. I therefore prescribed the following:

R	Tr. Cinch. Co.	$\frac{3}{4}$ i.
	Pot. Brom.	$\frac{3}{4}$ i.
	Tr. Digital.	$\frac{3}{4}$ ii.
	Aqua. Ad.	$\frac{3}{4}$ viii.

S.— $\frac{3}{4}$ ss. ter. in die. —M.

From this time he rapidly improved, and when I last saw him, April 2nd, he expressed himself as being in his usual state of health.

FIBRO-CYSTIC TUMOR OF UTERUS AND OVARY—OVARIOTOMY—RECOVERY.

BY K. N. FENWICK, M.A., M.D., PROF. OBSTETRICS AND GYNECOLOGY ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

Mrs. B. aged 36, married eleven years; no children; no miscarriages; always regular. About eight years ago first complained of pains in the abdomen, and was informed by her physician that she had a tumor. About two years ago she moved to Kingston, and upon examination I found a tumor in the right side of abdomen about the size of a child's head, hard and evidently containing fluid. At that time there were no indications of its fibrous character, and I had the impression that it was