have soon died. Severe spasms were induced by the slightest movement. I gave him immediately fourteen grains of hydrate of chloral, and ordered eight grains to be given every hour, with a mustard poultice the whole length of spine, and milk to be given every time he took the chloral, which however, he could only suck through the teeth, and the difficulty in swallowing made it no easy matter. I remained all night administering the chloral and milk myself.

August 10th.—Pulse 120; temperature 100°. No relief of trismus. Body still stiff, but spasms not so frequent or violent. Ordered a continuance of the chloral, eight grains every hour, with milk, and dressed the wound with carbolic acid and oil (1 to 20).

11th.—Worse again, boy refusing both milk and chloral. Temperature 101°; pulse 136, very weak Profuse sweating; trismus continuing with opisthotonos. I remained four hours, giving eight grains of chloral every hour; he also took about half a pint of milk during this time.

14th.—Doing fairly well. Pulse 116; temperature 99°. But few spasms; trismus slightly relieved; spine still rigid, but the legs could with ease be bent upon the abdomen. Continues chloral, but takes very little nourishment. Bowels relieved by enema; passed quantities of flatus. Wounds healing well.

17th.—Had been doing well since last visit, but boy refused chloral, and the spasm had increased again. Gave sixteen grains of chloral with marked relief, and to continue eight grains every two hours; still taking the milk. Is very weak.

20th.—Decidely better. Pulse 98; temperature 99°. Trismus and opisthotonos both relaxing. Boy still fights against both nourishment and medicine. To take ten grains of chloral every three hours.

23rd.—Scarcely any spasms except when moved, even then slight. Pulse 88; temperature 99°. Could pass my fore-finger into the mouth.

From this time he recovered rapidly; the chloral was continued in small doses for a week, and then only given at night. On Sept. 7th he was able to get about.

This case is interesting, I think, in that it was a very acute case, in which recovery is rare; that no other drug except chloral was administered; no stimulants; no nourishment except milk, and very little of that, from Aug. 9th until 23rd.—*The Lancet.*

[Several cases of tetanus are reported in the Lancet for Feb. 16th in which chloral hydrate either alone or in combination with atropine, cannabis indica or bromide of potassium has proved of great value in the treatment of this affection] Ed. CANADA LANCET.

PROTRACTED SYNCOPE UNDER THE ADMINISTRATION OF CHLOROFORM.

(Under the care of Mr. Bryant), Guy's Hospital.

T. C., aged fifty-seven, suffering from disorganisation of the metatarso-phalangeal joint of the great toe on the left foot. History of three distinct attacks of gout.

The House-Surgeon commenced to administer chloroform on a "Skinner" of ordinary size, saturated with the anæsthetic. The "Skinner" had just been used in a prior operation of some length for epithelioma of the tongue. The patient soon began to struggle, not strongly, but in a spasmodic, tremulous way. More chloroform was then poured on the "Skinner," and the patient became quiet, when Mr. Bryant, who was about to operate, required him to be moved along the operating table. This was done in the ordinary quiet way, as used with people under an anæsthetic. Almost immediately the House-Surgeon noticed that the respiration had ceased. The patient was pulled back along the table, his head depressed, and artificial respiration resorted to. The femorals of both sides, as felt simultaneously by Mr. Bryant and Mr. F. Durham, had ceased to beat. The tongue was drawn forward, artificial respiration maintained about twenty-eight to the minute. Mr. Bryant assisting the Sylvester method by intermittent pressure on the thorax with the palms of both hands. The colour of the patient during this period was that generally noticed prior to sickness or heart-failure under chloroform. At this time (four minutes from the commencement of artificial respiration), no pulse at the femorals being apparent, four drops of nitrite of amyl, from a capsule freshly broken on lint, was applied to the patient's nose. Almost simultaneously the colour of the face improved and the pulsation in the femorals returned; the patient came round very quickly, so as to be "lively enough now," as Mr. Bryant expressed it, and the operation was continued under ether, the pulse beating well at 120, the respiration good, and quicker than normal.

Notes.—The case is a very instructive one throughout, as there was no doubt in the minds of all present that but for the means of resuscitation used the man would have died. The patient had urate of soda deposits in his fingers and toes, knee trouble of the same character, but otherwise seemed healthy. Subsequently his arteries were examined and found slightly affected. The chloroform was very pure (I have since tested it), administered fearlessly, and the efforts for resuscitation attended with complete success. Skinner's "inhaler" is convenient for hospital work, but the material used in it should be changed often. Struggling very often accompanies the administration of chloroform, especially if given boldly to strong, robust