

such as a faint fluttering in the radial arteries, some facial movement and a conjunctival reflex. He remained five hours still with his patient, and had the satisfaction of seeing her make an ultimately complete recovery. It is very noteworthy that only 80 c.cm. in all were injected, equivalent to 2.8 fluid ounces. If intravenous transfusion were employed, it would be considered necessary to inject at least a quart, and the first question raised is whether 3 fluid ounces injected under the skin are as effective as 2 pints introduced into the veins. Dr. Gimbert holds the view that hypodermic injection is better in two respects: First, the salt solution, in its passage through the capillaries into the veins, becomes mixed with blood before reaching the heart, instead of arriving there merely as salt solution; secondly, there is a danger, when a large quantity of saline fluid is suddenly thrown into the veins, of disabling the heart altogether by inducing a too sudden reaction. These points, if true, are of the highest importance. Transfusion can boast of many triumphs, but most practitioners have had instances of its failure under parallel circumstances; and its failure, as a last resource, means the most tragic experience that can befall the family and the practitioner. A woman enters on her confinement in good health; her husband leaves her to go to his business in a spirit of cheerful anticipation, and it may be that in a few hours she is lying dead. Happily, this calamity is rare; but one such case in a lifetime is one too many, so that any additional means of warding it off that is offered demands the most careful consideration. It is a question that could probably be settled in large measure by experimental research. In the case under notice there is doubt whether transfusion would have succeeded even had circumstances allowed of its performances. Did the hypodermic injection of 3 ounces of salt solution effect what a quart in the veins would have failed to achieve? That is the point to be answered.

PARALDEHYDE IN ASTHMA.

Dr. Macgregor says in the London *Lancet* of February 11, 1899, that as far as he has been able to find out, Dr. Mackie, of Elgin, was the first to suggest the use of, and to use, paraldehyde for the relief of asthma. "The fact that