means; a handkerchief is to be had everywhere, and alarms the patient less than anything else. 2. Fold the handkerchief into the form of the mouth of a horn, and keep it closely pressed against the point of the nose, but pour the chloroform only on the part of it which is not directly in contact with the skin. 3. Its application should be intermitted, but this need not be done in the precisely regulated manner recommended by Prof. Gosselin. 4. Give very little chloroform at the commencement, in order to accustom the patient to it, and prepare him for the feeling of suffocation. Then when the first inspirations are over, pour on the chloroform very often, otherwise much time will be lost, and complete anæsthesia obtained with difficulty. 5. Before commencing the application, take care that no article of dress constricts the patient, removing even the string of a cap. 6. Expose the epigastrium, and from the very commencement keep the eye on it, and *constantly* watch the respiration without caring about the pulse. 7. Always have a forceps within reach. 8. As soon as the respiration becomes noisy and stertorous, remove the compress and allow the patient to breathe fresh air for a time. 9. When respiration is arrested, seize the tongue with the forceps and draw it out, and immediately commence artificial respiration. If the respiration is not re-established after a few minutes (seconds), place the head low, forcibly flagellate the cheeks, keep the tongue out, and continue the artificial respiration for five, ten, fifteen, or even twenty minutes, if necessary. 10. When respiration is noisy, pass into the back of the throat a sponge mounted on a forceps, in order to remove the mucosities existing there, as they frequently do in patients suffering from colds. 11. There is but one contra-indication to the employment of chloroform, viz., advanced phthisis. Affections of the heart are not contra-indications. 12. Hysterical subjects should be distrusted. 13. Alcoholic subjects are very tedious and difficult to bring under the influence of chloroform, but they are not dangerous.

GASTRORRAPHY AFTER GUN-SHOT WOUND OF THE STOMACH.

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I was called in haste on August 3rd, 1883, to see J. F., æt. eleven years, who was accidentally shot at a foot race from the careless handling of a large-sized forty-four calibre revolver in the hands of another party. I arrived about twenty minutes after the accident; Dr. Hall was also in attendance a few minutes before me. We found the patient suffering intense agony, with two large external wounds. The aperture of entry was on the left side, between the tenth and eleventh ribs, and the aperture of exit in the centre of the linea alba, an inch below the ensiform cartilage. From the latter wound there was a protrusion of omentum with slight discharge of bloody fluid, which seemed to have come from the stomach or upper intestines. Gas was also occasionally escaping from the anterior wound. The pulse was good.

It was very evident that there was a perforating wound of either the stomach or intestines. We suspected the stomach, from the fact that the course of the ball between the two external wounds would be in close proximity to that organ. There were frequent efforts at vomiting, but nothing ejected by the mouth except a little mucus, notwithstanding he had shortly before eaten his lunch. In consultation we were agreed that there was perforation of some of the abdominal viscera, with extravasation into the peritoneal cavity. We advised enlarging the external wound, suturing intestinal or gastric lesions and cleansing the peritoneum of any foreign matter, as being the treatment that would place the patient in the most favorable condition for recovery. The boy's parents had not arrived, consequently we had to wait until they came. In the meantime we tried to relieve the patient's suffering by hypodermic injections of morphine, and to sustain his strength by hypodermic injections of brandy. His father who was at work some three miles distant arrived in about three-quarters of an hour. We stated the nature of the case to him, advising the operation as being the only treatment that would place the boy in any possible condition to recover. He hesitated to give his consent to such an operation, and as time was precious we suggested that more counsel might be agreeable to him under the circumstances. At his request Dr. Bronson was called in. After examining the case he at once agreed with us as to the course of treatment. The mother having in the meantime arrived, both parents were reconciled to leave the case in our hands. The morphine, one-eighth grain hypodermically, had not given