

sufficiently to make such manipulations; the forceps are then indicated. The fillet and hook are apt to do too much injury to warrant their use. Tarnier's Axis Traction Forceps are the best for such cases, the blades being introduced so as to grasp exactly the lateral diameter of the breech. If care is taken as to the direction in which traction is made, Dr. Cameron thought slipping not so likely to occur. It is the position of the arms after all that constitute the real difficulty in such cases. If they happen to be flexed outside the legs, or if the elbows project, delivery is almost impossible.

Dr. GEO. BROWN, in reply to Dr. Cameron, thought it made very little difference once one succeeded in getting the hand inside the uterus, which method was adopted, provided the operator delivered a leg, the difficulty being in getting the hand in. He had very little faith in the use of forceps in such cases; he found that no matter how accurately applied, or how well fitted, slipping occurred on the least force being used. It was only to be expected, as the blades could not, from the nature of the case, get a secure hold of the breech. Moreover, if Tarnier's forceps were used, and a lot of traction exercised, fracture of the child's ilia would almost certainly result.

*Stated Meeting, 11th January, 1895.*

J. B. McCONNELL, M.D., FIRST VICE-PRESIDENT, IN THE CHAIR.

Dr. R. A. Bowie, of Brockville, was elected an ordinary member.

*Death from Chloroform.*—Dr. JAMES BELL reported this case as follows:—

Mrs. T., æt. 30, suffering from cerebral tumor involving the lower portion of the left motor area, was prepared for operation December 6th, 1894. The administration of chloroform was begun at 2 p.m. by Dr. Davidson, with Dr. Fry watching the radial pulse. Chloroform was given on an Esmarch's wire mask, covered with thin stockinette. From first to last the amount of chloroform which escaped from the bottle was seven drams, but on two occasions the bottle was upset and some of its contents spilled. The seven drams, therefore, represent not only the chloroform which was poured upon the mask, but the quantity which was spilled on the two occasions above referred to. The whole period during which chloroform was administered was thirty-three minutes. The patient passed quietly into the anæsthetic state without any unusual or untoward symptoms. At 2.30 the pulse was 100, respiration 28, pupils contracted. At 2.35 lines were drawn on the shaven scalp with the scalpel to indicate the position of the

Rolandic and Sylvian fissures. These incisions were very superficial, but the patient struggled a little, showing that she was not then fully anæsthetized. It was also remarked that there was very little bleeding from these slight incisions. (I am now inclined to attach some importance to this fact.) From this time 30 drops of chloroform were dropped upon the mask, 10 drops at a time. At 2.39 the pulse stopped suddenly and without warning. Six respiratory movements occurred after the pulse ceased to be felt,—at first full and strong—and gradually diminishing until they ceased altogether. There was then full dilatation of the pupils, and general lividity developed rapidly. The patient was inverted, hot applications were applied to the precordium, the tongue was drawn forward and artificial respiration carried on for fifteen minutes, when respiration was restored. Six natural respirations occurred in a minute, during which the lividity was decreased considerably. The pulse could not be felt, but some cardiac movement could be recognized by Dr. Stewart with the stethoscope. With the return of respiration I began to feel that the danger had passed, but at the expiration of one minute respiration became slow and shallow. Artificial respiration was resumed, 1.50 gr. of strychnia was given hypodermically and three capsules of amyl nitrate (5 minims each) were applied to the nostrils. At this time, however, respiration had practically ceased, so that the amyl nitrate had probably no effect whatever. Respiration ceased entirely and deep lividity supervened. Restorative measures were abandoned at 2.58.

At the autopsy, seven hours after death, all the chambers of the heart were found moderately full of blood, the brain tumor was found to be an infiltrating sarcoma, diffused over a wide area of the left hemisphere with secondary nodules in the peritoneum,—an inoperable growth.

The coroner was notified and an inquest held, the result being a verdict fully exonerating the hospital and all concerned.

In this case, which was carefully observed throughout, death very clearly began at the heart, and also very clearly was not due to over-dosage, which, I believe, is a much more frequent cause of death in chloroform administration than is generally recognized. In cases of death from over-dosage, moreover, the respiratory function is the first to fail, and the widespread belief that chloroform frequently, if not generally, kills through arrest of the respiratory function is, in my opinion, largely based upon the observation of such cases. This was a conspicuous fallacy in the experiments of the Hyderabad Commission. They chloroformed several dogs to death (over-dosage). These dogs all died through arrest of respiratory function, and upon those experiments the