

mally. The index, middle and ring fingers cannot be fully flexed, but sufficiently to grasp any ordinary instrument, and also to act with the thumb. The little finger is of no use, and is slightly and permanently fixed. Sensation is everywhere complete, except in the little finger; the inner side of the ring-finger is as sensitive as the other side.

REMARKS BY MR. HARRISON.—The case points to the importance of suturing divided nerves together in all recent injuries, and of the advantage that might follow such a proceeding even after so long an interval as eighteen months had elapsed after the primary injury. The nerve supply, in this instance, was completely re-established, except in a few fibres of the ulnar nerve, which, from the absence of sensation in the little finger, apparently failed to unite. With this exception, any inconvenience that the patient is now conscious of is not due to impaired motor or sensory nerve-supply, but to the changes which the joints have undergone by remaining in a stiffened condition for over eighteen months.—*British Med. Journal*.

DEATH FROM CHLOROFORM.

A sad death from this anæsthetic formed the subject of a coroner's inquiry, on Tuesday last, at Swansea. The evidence tendered to the court showed that Lady Flora Wilmot took chloroform on Monday afternoon, for extraction of a tooth. The anæsthetic was administered by Mr. Fry, and the tooth removed by Mr. Scott. Both these gentlemen stated that the deceased seemed to be in good health, and had previously taken a similar dose of two teaspoonfuls of chloroform for a like purpose; she was unconscious for twenty minutes, and then died. This is another of those unfortunate occurrences which should serve to force upon practitioners called upon to administer an anæsthetic, the desirability of carefully adjusting the vapor to the case for which it is used. The experience of all administrators of repute undoubtedly points to the conclusion, that chloroform is not a safe anæsthetic for use with adult patients; and the pages of this Journal have for years teemed with instances of death during

its administration. For the extraction of teeth, and other equally brief operations, nitrous oxide gas seems to be the best anæsthetic now known, but there is the difficulty that its use necessitates a special apparatus; which, for gentlemen who are rarely called upon to employ it, is a serious drawback to its usefulness. The next best anæsthetic for those who desire the least possible apparatus is perhaps the A.C.E. mixture, which, for the sake of those who have not yet used it, we may say is composed of one part (by measure) of alcohol, to two parts of chloroform, and three parts of pure ether, making altogether six parts. It may be administered on flannel, lint, or a handkerchief precisely as is chloroform. Its only drawback appears to be, that it is a little slower in its action than is chloroform alone; but, at the same time, it improves rather than depresses the pulse. And those who use it do not generally care to revert afterwards to the use of pure chloroform. The liquid should be mixed just before its employment.—*Brit. Med. Journal*.

THE BEST METHOD OF REMOVING FOREIGN BODIES FROM THE EARS.

I quote the following passage from an interesting pamphlet by Mr. Ernest Maylard. He is speaking of the importance of museum illustrations of the anatomy of the ear, in order that students may know the curves of the external auditory canal, and thus be made competent for the every-day duties of practice. He writes: "How many unfortunate patients have had the membrana tympani ruptured by pushing in a foreign body in the fruitless endeavor to pull it out, from ignorance of the curves and direction of the external auditory canal. I know of one case, which came immediately beneath my notice, where death occurred indirectly from the inflammation set up by a foreign body in the ear. The body was extracted, but not until the evils of previous delay and vain endeavors at removal had rendered the patient's recovery hopeless. But instances too numerous must exist in the knowledge of every surgeon."

My own experience, like Mr. Maylard's, comprises more than one case of this kind; and whilst I quite agree with him as to the impor-