He with three other children were playing around as usual, and about 7 o'clock each child was given a dose of the mixture, H.'s being the last and all that was left in the bottle. (In the latter dose would be about ten to fifteen mins. of bromoform.) About fifteen minutes after the medicine was taken he complained of feeling tired and sleepy, and lay down on the bed. In a few minutes afterwards he was absolutely unconscious, and the loud breathing and cyanotic condition attracted the attention of the parents. They tried to rouse him but without success. To use their own words, "he was limp and helpless."

The disease itself was not shortened, nor was the severity of the attack lessened.

In looking over recent literature I find mention by J. T. Whittaker, in Hare's System of Practical Therapeutics (Vol. II., page 556), of one case in which an overdose of bromoform caused narcosis, but the patient was readily revived; but I can find no other reference to the toxic effects of this remedy.

Dr. Hodge also reported a case of bromoform poisoning as follows:-

Retta M——, aged two years and six months, suffering from pertussis. Bromoform ℥ii by measure was given, mins. ii. of which was to be given three times a day. After about ℥ss had been taken out of the bottle, the child got hold of the bottle and took the entire contents, *i.e*, fully ℥iss of bromoform. The child complained that it burned her tongue. The mother gave at once some salt and water, but not sufficient to produce vomiting. The child soon staggered in walking and then began to get drowsy, so that, although the mother tried to rouse her, she became quite unconscious in about fifteen minutes. In about three-quarters of an hour after the child took the dose I saw her. Dr. Macallum arrived about five minutes before me.

Condition of child when seen. There was profound anæsthesia, respirations 25 per minute, pulse 120, superficial and deep reflexes absent. Pupils somewhat contracted and did not respond to the stimulus of light. It was impossible to rouse the child. The breath smelled strongly of bromoform. At Dr. Macallum's suggestion liq. strychnia, mins. ss., was given hypodermically. The child continued much in the same state as described above for about two hours, when the pulse became faster and weaker. We then gave hypodermically mins. ss. liq. strychnia and digitaline grs. $\frac{1}{100}$. This had the effect of improving the pulse.

In about four hours after the dose had been taken when the conjunctiva was touched, there was inhibition of respiration for a few seconds. Soon the superficial reflexes returned, followed by response of the pupils to light. In about four hours after this the child roused up and spoke, and then slept for several hours.

On the following morning, September 10th, 1893, the child walked out of her bed-room alone, took a very fair breakfast, and seemed as well as usual, except that her gait was unsteady. In the afternoon she complained of severe headache and was very irritable.

Sept. 11th. Slept well last night. Complained of headache during the whole day and was irritable.

Sept. 12th. Slept well but still irritable.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. McGUIGAN, Associate Editor for British Columbia.

SMALLPOX IN BRITISH COLUMBIA.

The supervention of a few cases of smallpox in this Province during the last six weeks, which have led to no serious increase of the disease, marks a strong contrast to the condition of things last year, and shows that improved methods of isolation, and alacrity on the part of the health authorities in the numerous parts of the country, have resulted in much practical good, both as to the saving of life and also of money. Smallpox last year cost the Province $120,000 and the lives of a large number of people, and at the same time created much bitterness and strong antagonism between various districts, and all of this because the proper facilities were not on hand to control the disease and keep it within bounds. We think it can be safely said that the defective quarantine arrangements of the Dominion Government at Albert Head was the primary cause of the trouble. It was no fault of the quarantine officer who has charge at that station that the disease slipped by him on Chinese