

Nov. 18.—Slept at intervals in the night; still delirious; talks incoherently, and in naming articles frequently adds the letter *y* to the end of the word; but he recognizes friends and answers questions properly; the mental condition resembling that of a patient suffering from *del. trem.*

Plasters and sutures removed; purulent matter escaped freely; adhesive straps re-applied.

Nov. 19.—Slept more last night; talked a good deal in sleep; less delirious to-day; answers questions readily; is easily irritated, and vexed if anything he asks is refused. Pulse 75; bowels regular; urine natural.

In the evening his pulse was 120, without any other change perceptible in his condition.

Tinct. verat. 2 m., given every 3 hours.

Nov. 20.—Pulse 90, weak, skin cool, tongue brown in centre, a little dry; not delirious, is inclined to sleep; free purulent discharge from wound of forehead, also from nose and from the wound below inner angle of right eye; does not complain of pain of head; mixture omitted.

Ordered dilute hydrochloric acid 8 m. every three hours, and milk and beef tea.

Nov. 24.—Had no delirium since last report; sleeps much, though frequently wakes; complains of pain of the head at the wound; pulse 126, weak, skin cool, tongue furred yellow, bowels regular, urine natural, appetite capricious, free purulent discharge from the wounds, pulsations of brain apparent over the right eye, some swelling and redness of the left side of forehead; he is very irritable and refuses medicine.

Omit medicine.

Nov. 27.—Pulse 120, small and weak, skin cool, tongue furred, bowels regular, right eye-lid less swollen, when lid raised can discover objects with right eye; there has been a little sloughing of the integuments at the centre of the wound; a small portion of right frontal bone near the centre, is denuded of periosteum; purulent collection under integuments of left side of forehead and left eyelid evacuated; had no delirium since last report; sleeps better; appetite improved.

Feb. 4, 1867.—Since last report the patient has gradually improved; no unfavourable head symptoms, except on the occasions when he

complained of pain of right side of forehead—this did not last longer than a day each time.

The wound is healed except a small place about the size of a three-cent piece, corresponding with the part of bone deprived of periosteum. On the 15th January two small portions of the external plate exfoliated. He is not able to raise the right upper eyelid perfectly, the right corner is on a lower plane than the left and everted: there is double vision; does not see as well with right eye as with the left; pulsations of brain are apparent above the right eye.

Dec. 19, 1868.—Saw patient to-day; he enjoys very good health, but is subject to attacks of pain of the head; he attends school, but is unable to apply himself to study as formerly and the memory is much impaired.

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### CHLOROFORM.

By A. M. ROSEBRUGH, M. D.

*Being a Paper read before the Medical Section of the Canadian Institute, Nov. 28, 1868.*

(CONTINUED FROM PAGE 66.)

ADMINISTRATION.—We now come to that part of the subject to which I wish more particularly to direct your attention; namely, to the method of administering chloroform. The usual method is to pour one, two, or three drachms of chloroform, upon a handkerchief or towel, and hold it near the mouth; sometimes a towel is made up in the form of a cone; an unknown amount of chloroform is poured into it; and the cone is placed over the nose and mouth, without any knowledge of, or regard to, the strength of the vapour that is being administered. When we consider how common it is to administer chloroform in this loose manner we can only wonder that fatal cases are not more numerous. Out of 858 cases collected by Dr. Anstie in which chloroform was given in the ordinary way, in 16 there were signs of danger; or one to every 53; while in 2200 cases in which means were taken to secure proper dilution of the chloroform vapour, there were dangerous symptoms in only 5; or only 1 to every 440.