

sweetbread, and now took it almost raw. He stated that the quantity of urine passed was much less, especially at night, and caused him to get up only three times, formerly it was five or six; also he only required one utensil, formerly a second one was always used. There was a slight cough at times, with very viscid expectoration, but no *râles* were to be heard over the lungs. The tongue was clean at the tip and edges and quite moist, but continued furred at the extreme base. While under my treatment he has taken an alkaline gentian mixture, and some acid linctus, but no other drug.

Unfortunately the circumstances have prevented a minute study of the case, as in the two recently published by Dr. Hale White. The patient has only been seen in an overcrowded out-patient department, and but once a week. Nevertheless, the progress which has obviously taken place may be worth recording, especially as the treatment has been so simple, and has never been met with any but the most encouraging results.

From the analysis of the urine, kindly made for me by the house-surgeon, Mr. Hamper, there does not appear to have been any marked change in the percentage of sugar, but the albumen has disappeared; the improvement appears to have been in the diminished quantity of urine passed. The average percentage of sugar has been just over 12 grains to the ounce.—*Brit Med. Jour.*

#### TREATMENT OF ACCIDENTS DURING ANÆSTHESIA.

In a very interesting address on recent advances in therapeutics, Dr. Hare calls attention to the following facts regarding emergencies under anæsthesia:

1. The worthlessness, or worse, the danger of using the faradic current as a means of resuscitation in accidents arising from anæsthesia. The action of such a current on the diaphragm, could it be obtained, would be to produce a rigid tetanic spasm, a condition fraught with the greatest danger. It is impossible, however, to influence the phrenic nerve by any but strong currents, for the resistance offered by the cervical tissues is too great for feeble currents to penetrate them. The pneumogastric is more likely to be influenced by such a procedure, as experiments conducted by Dr. Hare and Dr. Martin proved, and any inhibition of the heart's action added to the depression of the anæsthetic, or to the engorgement of the ventricles already present, might favor greatly a fatal result. Any good results which may occasionally have been obtained must be attributed to the action of the current merely as a peripheral irritant producing reflex action.

2. The danger, under certain conditions, of in-

version of the patient during anæsthetic narcosis, if threatened by respiratory or cardiac failure. This procedure is only justifiable when heart-failure is indicated by marked facial pallor. If the respiration be at fault, we should carefully avoid any inversion. The presence of still more venous blood about the already exhausted respiratory centre cannot aid it, but only injure it. Further, by inversion we may distinctly interfere with the respiratory act by compression of the diaphragm, through displacement of the abdominal viscera. This is specially liable to occur in persons with large pendulous abdomens, or in persons who have recently suffered or are suffering from tumors of the abdomen.

3. He emphasizes the importance, during the administration of anæsthetics, of watching the action of the diaphragm. He thinks it an invariable rule that the first evidence of the full effect of ether is seen in the diaphragm. He has been able to foresee danger by watching this muscle when the examination of the ordinary respiratory act, as a whole, failed to show any abnormal changes. As soon as the movements of the muscle become abortive, or irregular, it is time to stop the anæsthetic.

4. Another point of much importance in the treatment of persons suffering not only from the over-effects of anæsthetics, but also from the depression caused by other accidents, in the use of heat. He found that it was possible to lower the bodily temperature of a dog many degrees by prolonged anæsthesia, and that in man a fall amounting to four degrees might occur in comparatively brief operations and with little or no loss of blood. Hence, the application of heat about the body of a person undergoing an operation is of the greatest importance, and its use only after the operation stultifies the operator, who forgets the old adage, "An ounce of prevention is worth a pound of cure." Care at the same time should be taken that the heat is not too great, and artificial heat-stroke brought about.

5. He strongly recommends the use of strychnine as a remedy for, and a preventive of, surgical shock and anæsthetic collapse. It must, however, be given in full doses. Not less than one-twentieth of a grain should be employed hypodermically every half hour in an adult, and if the condition of shock, or respiratory, or cardiac failure be marked, one dose of as much as one-fifth of a grain may be given in this way. Disagreeable effects rarely, if ever, follow, and if they do they amount to little more than muscular twitching, while in the condition spoken of the man is on the brink of death and we cannot afford to make haste slowly.

He strongly recommends bromide of ethyl as an anæsthetic safer than chloroform, and almost, if not quite, as safe as ether. The profession, he