

tinal walls as to have caused perhaps ulceration at spots, or at any rate such a reduction of vitality as to permit the "Durchwanderung" of pyogenic micro-organisms. There may also have been a tuberculous element in the case, but this I could not demonstrate.—*Med. News.*

DEATH UNDER ANÆSTHESIA. — Mrs. A., a widow, aged about 50, who came to Canada only three weeks before, was admitted to the Guelph General Hospital on September 6th, suffering from symptoms of acute intestinal obstruction. So far as could be learned from her history, there arose a strong suspicion that there had been partial obstruction for several months. The morning following her admission, her condition being critical, it was decided, after consultation with Dr. Howitt, to examine her under anæsthesia, and to operate if found practicable.

A mixture of chloroform 1 part and ether 3 parts was dropped carefully on a towel over the face. During the administration some struggling occurred, but this soon passed off, and a fair degree of anæsthesia was induced. The respiration seemed quite satisfactory. After some minutes had been occupied in making examination externally and by the rectum, it was agreed that a small exploratory incision should be made. On attempting to make the incision it was found that she was partially conscious, and consequently a few drops more of the mixture were given. Suddenly respiration ceased. The pulse up to that moment was regular, with fair volume. On elevating the foot of the operating table a large quantity of dark grumous fluid was ejected from the stomach. Artificial respiration was persevered with for half an hour. Brandy was administered hypodermically, and all the usual efforts made to re-establish respiration. Two or three gasps at long intervals occurred, and the patient was dead.

The *post mortem* examination disclosed a malignant growth in the sigmoid flexure of the colon as the cause of the obstruction, the lumen of the bowel being almost completely closed.

In reference to this case, I deeply regret that we neglected to wash out the stomach before the anæsthetic was administered. It is true there was no food in the stomach, for none had been given for six or eight hours, and only

milk in small quantities for some days. Yet I am satisfied in all cases of great tympanitic distension of the abdomen it is a wise precaution to use the stomach tube, with a view to diminish pressure from below upon the diaphragm from gas and fluids in the distended stomach.

I may say that this was the first death under anæsthesia in the fifteen years since the opening of the hospital.—*Angus Mackinnon in British Medical Journal.*

HEADACHE DUE TO TRAVEL ON RAILROAD TRAINS.—Dr. A. N. Blodgett (*Boston Medical and Surgical Journal*), in discussing the subject of ocular headaches, referred to a form of headaches resulting from travel on railroad trains which, he thought, was more frequent than generally supposed. Treatment by any of the methods usually employed is generally without benefit. An explanation was once given him by Mr. Fox, the consulting engineer entrusted with the construction of the railway tunnel beneath the River Mersey at Liverpool. In the journey between Liverpool and London, Mr. Fox incidentally made the remark that he always sat with his back toward the engine. The English cars are built with transverse compartments, so that the passenger is obliged to sit on a fixed seat, and therefore half the persons in a compartment are forced to sit with the back toward the engine. Mr. Fox stated that he always took that position from the fact that his eyes were thereby rendered much more comfortable during the journey. He thought that was due to the avoidance of the repeated and sudden strain in the accommodation which is rendered necessary if one is looking at a series of rapidly approaching objects, as when travelling in the train. The effect was like a blow upon the eye. If the traveller be looking backward, the objects would be constantly receding and the strain of accommodation was continually letting up, and caused no discomfort whatever. That seemed to be a very ingenious and logical explanation why some people suffer from headache and vertigo in railroad travelling. Since that time he has directed car-sick travellers to ride backward, and has adopted this method himself with the greatest comfort.—*Cincinnati Lancet-Clinic.*