is the case frequently when the limbs are still rigid; flaccidity of muscles and passive breathing are far better guides. I have always found it a great help to free breathing to compress the lower jaw against the upper by the tips of the lingers placed on either side; this, by supporting the tongue, prevents it falling back or doubling upon itself as it were—one of the chief dangers to be avoided during administration. Moreover, one of the fingers resting quietly upon the facial artery as it crosses the lower jaw to the angle of the mouth at the anterior border of the masseter, will at the same time give the state of the pulse; this plan can be easily adopted with the ordinary chloroform in-haler or Clover's apparatus for ether, the pressure of the thumb being quite sufficient to keep the mouthpiece in position. The latter, after the first few unhalations, should be kept evenly and closely applied, but particularly in the ease of Clover's apparatus it should be removed from the face about every fifth inspiration; by this means anesthesia may be kept up for a lengthened probability to recture the little sure that the content is the sure of the property of the property of the property in the case with little sure that the property is the property of the proper fith inspiration; by this means amesthesia may be kept up for a lengthened period, in most cases with little or no embarrassment to breathing. I have particularly noticed, in cases where difficulty has arisen, that when chloroform is the agent intense pallor of countenance with blueness of lips is an early symptom; and with ether congestion and turgidity, especially about the neck and lobes of the ears. The state of the pupil is also a guide; in extreme dilatation the anæsthetic should be withheld, particularly chloroform. Tongue-forceps should always be quite handy. In the second place, when alarming symptoms do arise, the first thing should be to draw the patient's head well over the table so that it quite hangs down, the tongue seized and drawn well forward to one corner of the mouth while artificial respiration is employed. Quite as good as injections of ether is an enema of hot brandy-and-water, about 3iv. It these measures do not quickly restore, the chest should be vigorously flapped with the corner of a towel dipped in cold water; this is far better than hot flannels; it must be used with some force. I call to mind two striking cases, where the subjects were given up for dead, when this means acted in the most marvellous manner, causing a long spasmodic inspiration, and the patients to start up from the table.

ration, and the patients to start up from the table.

Another plan from which I have seen excellent results is the inversion of the body head downwards on the table. I must not omit to mention, also, the great good I have experienced from the inhalation of nitrite of amyl capsules.

Above all each measure should be adopted with decision and promptitude. for at such times many are apt to lose their heads, and sometimes the patient also.

Errata.—In the report of the proceedings of the Pathological Society in the JOURNAL of October 20th, page 878, column 1, line 20, for "eburnation" read JOURNAL of October 20th, page 878, column 1, line 20, for "eburnation" read "no eburnation." In line 62, for "soluble" read "no eburnation." In line 62, for "soluble" read "no eburnation." 2, 9 lines from end, for "32" read "3.2."

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BOOKS, ETC., RECEIVED.

The Goulstonian Lectures on Insanity in Relation to Cardiac and Aortic Disease and Phthisis. By W. Julius Mickle, M.D., F.R.C.P.Lond. London: H. K. Lewis. 1888.

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