every half-hour. She suffered no pain at all; was quite cheerful and sensible, though very weak; was not sick at all after the operation, but became gradually exhausted, and died thirty hours after the operation. There was no sign of peritonitis. I was not permitted to make a *post mortem* examination.

It may be objected that this is, in cases of cancer, at best merely a palliative operation. In this respect, I may say that it is equally valuable with gastrostomy and colotomy, and other operations for the relief of obstruction from the same cause; and these we have no hesitation in performing. If it can be undertaken earlier in the disease, I believe its results will be favourable. I also think that it ought to be done in less time than I took over it; and in this case, I should not consider it such a dangerous operation. Whether the jejunum should be approximated to the stomach by causing it to form a hernia through the great omentum, as in my case, or, as in Mr. Barker's case, by causing it to encircle the transverse colon (as, from his description, I gather it did), and so reach the anterior surface of the stomach, I am unable to say.

I think that this operation will, in future, be found a valuable addition to surgery; and I believe that Professor Billroth has proposed that it should take the place of pylorotomy.

DEATHS FROM ANÆSTHETICS IN 1885.

By ERNEST H. JACOB, M.A., M.D.

Assistant-Physician to the General Infirmary, Leeds.

THE following deaths occurring during narcosis by various anæsthetic agents have been recorded during the past year, or have otherwise come to my knowledge. With the view of estimating the number of administrations covered by this list, I am glad to say that, through the courtesy of the registrars and anæsthetists of St. Bartholomew's, St. Thomas's, and the London Hospitals, the General Infirmary at Leeds, and the Royal Infirmary, Liverpool, all accidents which have occurred in these institutions are recorded, so that I include no small proportion of the surgical centres of England.

Locality.	Sex and Age.	Operation for	Manner of Death and <i>Post Mortem</i> Notes.
1. Salford Infirmary.	Boy	Necrosis of leg	—
2. Glasgow Western Infirmary.	Girl	Dressing stump	Respiration ceased. <i>Post mortem</i> : Extensive thrombosis of venous system.
3. Northallerton Hospital.	Female, 57	Removal of tumour	After 90 minutes, sat up, became convulsed, and fell back unconscious. Breathing went on 20 minutes, but no pulse. No <i>post mortem</i> examination.
4. Birmingham Workhouse.	Male, 40	Innominate aneurysm	Urgent dyspnoea on lying down, and stoppage of respiration after a few inhalations. Pulse beat for 10 minutes after. <i>Post mortem</i> : Large aneurysm of innominate.
5. Guy's Hospital.	Male, 24	Dislocation of humerus	Syncope. <i>Post mortem</i> : Slight disease of large vessels.
6. Middlesex Hospital.	Female, 53	—	<i>Post mortem</i> :—Enlargement of heart and liver, and disease of other organs.
7. Langley Moor	Male, 28	Paraphimosis	No <i>post mortem</i> examination.
8. Newcastle Infirmary.	Male, 53	Cancer of tongue	Syncope at end of operation.
9. Glasgow Royal Infirmary.	Male, 45	Ligature of femoral	Syncope at end of operation on giving a little additional chloroform. <i>Post mortem</i> : Heart diseased; aneurysm of mitral valve.
10. Charing Cross Hospital.	Female, 9	Inserting drainage-tube in hip	Syncope. Patient greatly emaciated; lungs congested.
11. Newcastle	Young man	—	Syncope after partial recovery of consciousness. No <i>post mortem</i> examination.
12. London Hospital.	Male, 56	Removal of tumour of upper jaw	Became cyanosed early, pulse stopped just as operation was completed. <i>Post mortem</i> : Some fibroid degeneration of heart, and congestion of bases of lungs.

The above list shows that the deaths from chloroform occurred during an unusually severe list of operations, Nos. 2, 5, 7, and 10 only being for trivial surgical manipulations. So far as can be judged from the published accounts (which in most cases are very meagre), No. 3 seems to be a death rather from the exhaustion of a prolonged operation than from the direct action of the anæsthetic, while, in No. 4, the patient was in so dangerous a condition, that a fatal result might have been ex-

pected at any moment. No. 12 again was a serious and prolonged operation, though there was not much hæmorrhage.

The list of deaths occurring during the administration of ether includes at least one remarkable case, which I will give in greater detail.

CASE I.—This occurred in the London Hospital. The patient, a man, aged 62, was narcotised in order to reduce a dislocated shoulder. He partially recovered, but the bag (Ormsby's inhaler) was again put on his face. In three minutes he began to look pale, his breathing was feeble; dusky pallor increased, in spite of artificial respiration.

At the *post mortem* examination, the lungs were emphysematous and congested, and there was bronchitis. The heart was flaccid and fatty, with adherent pericardium.

CASE II.—This case occurred in the practice of the Leeds Dispensary. A man, aged 58, suffering from empyema, took ether in order to have the pleura incised. For about seventeen minutes he breathed well, and was of good colour. The ether was then discontinued, as the narcosis was sufficient, and no more was given. About fifteen minutes afterwards, the pulse and breathing began to fail. He seemed to die in a sort of syncope. No *post mortem* examination was allowed.

CASE III.—A girl, aged 10, much emaciated, and looking very ill, was brought to a surgeon to be sounded for a calculus. When she had taken but a few inhalations, she was observed to be very pale, the pulse ceased, the breathing continued. The usual remedies—artificial respiration, galvanism, injections of brandy, etc.—were tried in vain. The girl appeared to be suffering from tubercular disease of the kidney, but there was no *post mortem* examination.

This completes the list of casualties under ether, a very satisfactorily small record, considering the general use of ether in our large surgical centres.

The first case is one of a large number, where the narcotisation and a small operation form the "last straw" to overweigh a damaged heart and lungs.

No. 2 is difficult to explain, as at least fifteen minutes had elapsed since the patient had had any ether, which he had apparently taken very well. He was weak and emaciated, but able to walk.

No. 3 is the most remarkable case of the kind I have ever known. The patient took not more than a drachm of ether, and died in a precisely similar manner to that which generally obtains in the case of chloroform. The only case I can recall in any way resembling it is one reported some years ago, where a woman, about to have her breast removed for malignant disease, took three or four inspirations of ether from a frame-inhaler, became white in the face, and died. The question may be raised, whether this was not really a death in which fright or emotion played the principal part. It is difficult to conceive that a drachm of ether can be, under any circumstances, a fatal poison.

There have been no deaths recorded from the so-called methylene bichloride, or from mixtures of chloroform and ether, during the past year.

In conclusion, I wish to say a word on the question of publishing deaths of this kind. A gentleman holding the office of anæsthetist to a large hospital, to whom I wrote for information, expressed to me, most courteously indeed, his conviction that to publish deaths from anæsthetics was a "most pernicious custom," tending to bring trouble on young practitioners, in whose practice these accidents usually occurred. I cannot see that this need be, if no names or localities be mentioned in the report, and the details of the death be only published. Considering we are still in search of a perfect anæsthetic, it is of great consequence that all details of fatal cases should be made known; and I should be glad to publish in my yearly list such cases as are sent to me, in such a way as to avoid the recognition of the case by the public who may read the medical journals.

VIBURNUM PRUNIFOLIUM IN ABORTION.

By A. D. LEITH NAPIER, M.D.,

Vice-President of the Edinburgh Obstetrical Society; and Examiner in Midwifery, at University of Aberdeen.

WITH reference to Dr. Macfie Campbell's communication regarding the treatment of abortion, in the JOURNAL for February 27th, I wish to corroborate his observations, and, at the same time, to take exception to certain inferences contained in his paper.

I have prescribed viburnum prunifolium for fully three years. I fancy I was among the first to use it hereabouts, as, when prescribed, it could not be obtained without considerable delay in Edinburgh. Being dissatisfied with the results of other preventive treatments in