take chloroform and ether as being at all on the same footing. In using the former we deal with a weapon seven times as powerful as is ether. This is especially important in minor surgery, for it is here that nine-tenths of deaths from anæsthetics occur. As to the safe use of chloroform, it was a question of measurement—a question of quantity per time—that must be aimed at in order to abolish death by chloroform. There should be some agreement as to quantity among anæsthetists. Uniformity of strength cannot be obtained in an “open method” of inhalation. Some method must be adopted which shall enable the anæsthetist to know how much chloroform is being given per minute.—*The Clinical Journal*, 1898, No. 284, p. 426.

MEDICINE.

UNDER THE CHARGE OF

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Persistent Ductus Arteriosus Demonstrated by X-rays.—ZINN (*Deutsche med. Wochenschrift*, 1898, No. 11, Vereins-Beilage) reports a case: A woman of thirty-seven years had always been delicate as a child, menstruated first at twenty-six; had a rickety pelvis, but was able to work as a domestic and complained only of dyspnoea on exertion. Physical examination showed pallor, no cyanosis, the terminal phalanges clubbed, nails poorly developed. The heart-dulness extended from the right edge of the sternum to within a finger-breadth of the left nipple line. From the first to the third left intercostal spaces there was an area of dulness five to six centimetres wide. There was a thrill over the area of heart-dulness, strongest in the first left interspace, and a very loud systolic murmur, with weak first and accentuated second sound. In the great vessels the loud murmur was also audible. On examination with the fluorescent screen the position of the heart was readily made out, corresponding to the area of dulness, and also a dark area corresponding to the one in the second and third interspaces. This was no doubt the dilated pulmonary artery, the occurrence of which in case of persistent arterial duct was shown by Gerhardt.

Tic Convulsif in a Case of Hemiplegia.—HABEL (*Deutsche med. Wochenschrift*, 1898, No. 12) has observed this very rare occurrence. Tic began in 1895, in the left side, about the same time with severe and repeated epistaxis, but continued after the bleeding stopped. In August, 1897, apoplexy came on without prodromes. Loss of consciousness lasted an hour, and was followed by aphasia and complete left-sided paralysis. In a few days speech