Dr. W. H. Day gave an account of the characters of bichloride of methylene, as described by Dr. Richardson. It produced less sickness than chloroform; and the patients recovered more quickly from the anæsthesia which it produced—the agent being readily eliminated. For an operation lasting half an hour, three drachms of the bichloride of methylene were generally sufficient.

Dr. C. Kidd preferred administering ether and chloroform separately. Thus it proved a good plan to place the patient at first well under the influence of chloroform, and continue the anæsthesia with ether in a separate inhaler, especially if the pulse became weak from shock or bleeding. Ether alone was very tedious; three or four ounces of chloroform would do as much as almost a pint of ether. As to the pulse, he agreed with Lister that it was very little influenced by chloroform. Sabarth gave thirty-six deaths under ether, so that it was not entirely devoid of danger. As to bichloride of methylene, it was suitable for short operations, but for long operations he considered it dangerous.

Dr. Sansom said that there were not sufficient data for estimating the relative dangers of chloroform and ether. The statistics as to chloroform differed widely; some giving the deaths as one in 16,000, and others as one in 2,500. The rate of mortality from ether was also variously given; but there was sufficient to show that it was not absolutely safe. Chloroform was more manageable than ether; on account of its nauseousness, many persons could not tolerate the latter. The danger of chloroform, in his opinion, lay in its diminishing the power of the circulation. From experiments which he had made, he agreed with Mr. Wells as to the effect of mixtures of ether and chloroform. When, however, chloroform was mixed with alcohol, it was not merely diluted, but its volatilization was retarded, and a more free admixture of air was allowed. In many cases, a small quantity of morphia might be injected hypodermically, and then a smaller amount of chloroform would be required.

Mr. Holmes had tried ether some years ago. He did not think that there was any difficulty in bringing patients under its influence, though it required about twice as much time as chloroform. There was no necessity for any diffusion of the vapor in the room; the window might be kept open. The chief reason why he abandoned the use of ether was that, when given by a sponge (as was ordinarily the case), it produced

asthenic congestion and convulsive movements, especially in patients addicted to drinking. It was useless to imagine that a perfectly safe anæsthetic could be found. As to the statistics of death after the use of anæsthetics, these were of no use, unless it were shown in each case whether the agent was administered judiciously or injudiciously. If ether were given in a proper manner, there was no objection to it, and no inconvenience of importance attended its use.

Mr. R. B. Carter had inhaled ether experimentally in 1848, and remembered that the taste of it remained for two or three days.

Mr. C. Hunter agreed with Dr. Sansom that the danger with chloroform arose from its effect on the heart. If morphia were injected, it was necessary to look to the lungs as much as to the heart.

Mr. Clover was at University College Hospital when ether was first used there by Mr. Liston. He remembered that there were many cases of sickness after its use; and he had not found it so free from this result as had been alleged. It was difficult to breathe ether freely, on account of its pungency. Statistics were not trustworthy; and it must be remembered that cases in which chloroform was given in midwifery (its full effect not being produced) were not fairly comparable with those in which it was given for the performance of great operations, such as lithotomy. Much would depend, also, on the distance from the face at which chloroform was given. If the inspired air contained more than five per cent. of the vapor, there was marked tendency to produce death by syncope.—*British Med. Journal*.

SESQUICHLORIDE OF IRON AS A PROPHYLACTIC OF ACUTE RHEUMATISM.

By Dr. ANSTIE.

A CONSIDERABLE space of time has now elapsed since the announcement, by Dr. Russell Reynolds, of his observations on the successful treatment of acute rheumatism by large and frequent doses of the tincture of sesquichloride of iron. I do not know to what extent this plan of treatment has become generalized; but there have been a good many reports in the medical journals of its employment in different hospitals; and the balance of evidence derivable from these seems distinctly favorable to the method. My own experience of it in fully declared acute rheumatism has not been large.

I have treated six cases altogether with the sesquichloride, and in four of these I think the results distinctly bore out the main assertions of Dr. Reynolds as to the prompt relief of the pains, the limitation of the extent of mischief, and the shortening of the illness; in the other two, the medicine seemed to have no special effect. But it is not of the use of the sesquichloride in fully developed acute rheumatism that I now wish to speak. My opportunities of seeing disease on a large scale being chiefly those afforded by the out-patient room, it is rather the first advancements and threatenings of acute rheumatism, than the declared disease, that I am in the habit of seeing. A considerable number of persons present themselves in my out-patient room, in the course of twelve months, suffering from the preliminaries of acute rheumatism; it is one of the small group of really serious diseases (amongst a much larger variety of trivial complaints) which occupy one's attention in out-patient practice, and was formerly a matter of great dissatisfaction to me, from the apparently almost total failure of remedies to produce any effect. Whereas threatenings of gout could be very commonly dealt with in such a manner as to prevent the attack, or render it trivial, the onset of acute rheumatism seemed never to be averted by drugs when once the prodromata had reached the stage which pretty frequently presented itself before me, viz., a more or less obscure aching of several joints,* a yellow sallowness of face, with patches or streaks of dusky redness, blanket-like furring of tongue, an oily moisture of skin, a distinct though slight elevation both of pulse and temperature, and a certain anxiety of respiration. So far as the history of such patients could be traced, they were almost invariably found to have developed the full symptoms of the acute disease, and very often (after once seeing them in the out-patient room) one encountered them, a few days later, in a ward of the hospital.

Very different have been the results of treatment since I adopted the use of full doses of sesquichloride of iron from the first moment of such cases presenting themselves. During the past twelve months I have done this fully. Whenever a patient has presented himself with articular pain and slight fever that were plainly of the rheumatic and not of the gouty type, he has been at once placed on thirty or forty minimis doses of the tincture of sesquichlo-

ride, from three to six of which, according to the severity of the symptoms, have been given in each twenty-four hours. I have several times called the attention of the students to the fact that (unlike what used to happen) these cases now reappear in my out-patient room on my next hospital day; and in the great majority of instances declare themselves greatly relieved. Since July, 1870, I have treated twenty-nine such patients, of whom thirteen had previously had one or more regular attacks of rheumatic fever, for the symptoms now referred to, with the full doses of iron; and of these, seventeen have lost all pyrexia and spontaneous joint-pain within the three or four days elapsing before my next day at the hospital. Only three have, under my own eyes, developed the full acute disease, and been sent into the ward. Of the remaining nine, four disappeared altogether from my knowledge, so that I cannot say what became of them; the other five, though their symptoms were checked, remained in a state of what might be described as sub-acute rheumatism during from 10 to 22 days.

I cannot help remarking with emphasis on the contradiction of old ideas which is involved in the effect of this iron treatment upon the furred tongue. Of course it becomes speedily blackened; but so far from the furring increasing, or the dryness and foul taste becoming more pronounced, what commonly happens is, that after a few days the epithelial coating falls off in considerable patches, and the tongue soon cleans altogether. I believe the prophylactic treatment of rheumatism by the sesquichloride to be one of our most valuable recent improvements in medicine.—*The Practitioner*.

IODIZED MILK.—From Hoffman's most admirable report on the "Progress of Pharmacy, 1869," we make the subjoined extract, which has a practical value for the physician: "It is well known that milk takes up iodine, disguising its taste, smell, and color, completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Ilagar calls attention to this fact, and suggests that this, perhaps, is the mildest form of administering iodine. Its therapeutic effect seems to be equal, only, to about one-fifth of the iodine. Ilagar thinks iodized milk will soon become a favorite form of administering iodine, and suggests the following mode of preparation: One part of iodine dissolved in ten parts of alcohol, admixed with ninety parts of fresh, warm, cow's milk.—*Med. Press and Circular*.

* I have, on the contrary, known pain in or near a single joint (simulating neuralgia) with slight fever, sallow skin, &c., yield to iodide and bicarbonate of potash.