"C. H.—, aged nine years, sustained a severe injury of the right leg, over which four heavily-laden wagons had passed. The injury extended within the knee-joint; there was considerable prostration. A little brandy having been administered, about forty drops of chloroform were poured on a handkerchief, and very shortly produced sound sleep, during which, assisted by Dr. Drury and Mr. Piper, I amputated the limb by the flap operation. No pain was felt, until a suture was applied, some little time after the operation. I will now make a few short extracts from my case-book.

"The chloroform did not seem to cause more bleeding than usual; in fact, I should almost say less. Next day, the 10th, ten A.M.: going on well. Seven in the evening: considerable vascular excitement. To take a refrigerant mixture, with black drop.

"11th.—Morning: free from pain; pulse tranquil; had a good night.

"In spite of various disadvantages, he has progressed most favourably, and to-day, Feb. 21st, the stump was dressed; the wound to a great extent is healed, and looks very healthy."

"In this case the system was saved from the secondary severe shock which would otherwise have followed a painful operation, and which would have still more unduly deranged or expended the nervous influence. I could not have anticipated such a happy progress of a case, accompanied, as it was, by many adverse circumstances. The poor boy lay upon a rude sort of long box; a bed-ridden old man, with ulcers of the leg, was in an opposite corner; close to his uneasy couch was a fire; and the only point in his favour was that of having long felt the privations of poverty. I have never had occasion to employ so much as one drachm of chloroform, generally using about twenty drops, in the first instance, and gradually adding five or ten drops more, as may be requisite; nor have I, in more than two instances, seen it followed by languor. After the previous potation of stimulants, or after a meal, I have occasionally seen sickness supervene.

"There cannot be a doubt that chloroform is a remedy alike potent for evil as for good; but as the same may be said of many of our most valuable remedies, such an objection can have but little weight with the impartial observer. I trust that we shall soon cease to hear of patients writhing with agony under the knife, or have our feelings distressed by the piercing cries of suffering humanity, when an easy and a peaceful repose may take the place of what it ought to be the aim of every medical man to remove and assuage. Dr. Simpson assuredly receives the thanks of every philanthropist, and will have the great satisfaction of knowing he has conferred an inestimable boon on mankind."

Suggestions for the Employment of Ether and Chloroform in conjunction.

By JOHN GABB, Esq., M.R.C.S.E., &c., Bewdley.

Mr. GABB remarks that "the vapours of ether and of chloroform, when inhaled, though they each give rise to immunity from suffering during operations, &c., yet appear to operate somewhat differently." He considers that it might "be desirable to add a little of the stimulating effect of the ether to the directly sedative influence of the chloroform. Could not this be done by mixing the two agents in properly ascertained proportions? I should think it likely that about one part ether to two parts chloroform would be the best proportion for the majority of cases; perhaps experience might enable us to vary the relative proportions of the agents according to the constitutional differences of our patients. Looking at the physiological effects of the inhalation of the vapours, I certainly expect great advantages to arise from the combined or mixed influence of the two, over either alone."

On Professional Prejudice against the Use of Anæsthetic Agents. Comparison of the effects of Ether and of Chloroform. Value of Anæsthetic Agents in Parturition.

By S. GOWER, Esq., M.R.C.S.E. &c., Hampstead.

WE extract from a lengthened communication on these subjects the following passages:—

"Several communications have lately appeared, advocating, upon theological grounds, the total disuse of ether and chloroform in obstetric cases, and disparaging their value in all cases. What persons are really afraid of, is lest their powerful appliances should, to use the words of the statute, 'do them some grievous bodily injury.' It is only by taking a liberal, rational, temperate, and discriminate view of medicine that we can accustom the public to regard it in its true light.

Medical men have little right to complain of being put down by brute and senseless clamour, if they themselves give the cue to it in their interprofessional discussions. What has led me to make these remarks, is the tone assumed by Dr. Ashwell and other forgoing correspondents. It surely is disingenuous, in speaking of a Cæsarian operation in which chloroform was employed, terminating unfavourably, to doubt whether or not it was the chloroform that caused the death of a child that was still-born! It is a rare thing for the Cæsarian operation to turn out well, and it is a common thing for children to be still-born after long-protracted labours. 'Because the penalty upon the sex is severe,' says one, 'don't prevent their feeling the full weight of it.' Why, what is ergot of rye given for, but to abridge its duration; and what essential difference is there between an abridgment of duration and a privation of pain? He even condescends to the absurdity of reasoning from popular prejudice, as if what people *prima facie* think about matters of which they necessarily know nothing, were worth a pinch of snuff. He might have argued similarly against splints and bandages, in favour of psalms and incantations for the cure of fractured thigh-bones.

"Dr. Simpson, in discovering that there is a something besides sulphuric ether which can numb the sensory system, has, even in this discovery, added largely and meritoriously to the stores of science, and deserves anything rather than envy and hostility in repayment of it; nevertheless, for my own part, I am slow in admitting the preference, which it seems the fashion to give, of chloroform over ether. All discoveries are, in the course of time, fated to reach their own natural level. Chloroform seems to me to be a something half way between ether and prussic acid, and to be, consequently, a weapon requiring more caution than the former, although less perilous than the latter. . . . What was affirmed by me in THE LANCET, three years ago, with respect to tobacco, was the possibility of achieving a conquest of the sensory system by direct means, an assertion which was incredulously received. Now it is found, that although tobacco and other kindred remedies would effect such conquest only in certain cases, upon certain conditions, known or unknown, being present, ether and chloroform will effect it under almost all conditions.

"I beg to add a few remarks on the recent fatal case of chloroform in the North. There is no doubt that chloroform, whether owing to the peculiar idiosyncrasy, or, more accurately speaking, the feeble vitality of the patient, caused her death. Are we then to venture upon continuing its employment? So far as this case goes, decidedly yes! A man may die of eating a pork chop for supper, but are all mankind thenceforward to look upon animal food of this kind as poison, and refuse to eat it? At the same time it remains an open question, whether a preference is to be given to one anæsthetic agent over another, or over others; as also, whether there are cases in which ether, and other cases in which chloroform, is preferable; others, in which the employment of either is inadmissible. Ether is more stimulant; chloroform more directly sedative. Less exhaustion follows, less is likely to follow, the inhalation of ether than of chloroform. Both may be pushed too far. Perhaps ether is more likely to cause congestion of the brain; chloroform, of the lungs. Both are safe in midwifery cases, owing to the antagonism of already-existing pain; yet less safe than in surgical operations, because the patient may require to be kept during a longer period under their influence. The inhalation of ether does not impede expulsive uterine efforts; this is somewhat disputable as regards chloroform. Under the influence of either, it may be calculated upon, as a rule, that parturition will terminate sooner; the sensory system being numbed, the disturbing forces are weaker and fewer. We get rid of pain, not simply as pain, but as a disturbing force. We have expulsive efforts without pain—a circumstance which we should, judging from experience, have till lately held incredible. Under the influence of ether, these efforts proceed more uninterruptedly.

"Are midwifery patients, then, to be all dosed with chloroform or with ether in all natural labours, supposing their consent to be obtained? Upon the whole, I am almost inclined to think not. There are, however, few cases of dystocia in which, at some period, their use is not demanded. Dystocia is usually measured by duration; it should be rather meted out by the capacity of the pelvic aperture, and of the soft parts, the pliancy or rigidity of the latter, and the pain undergone, than solely by the tediousness of the labour. Again, ether is not to be administered as a substitute for a catheter, when this implement is required, nor must we trust to it with the neglect of an overloaded rectum. The patient having