

doses of brandy and ammonia, were had recourse to, and the woman recovered, but she did so very slowly.

In this case the operation was fortunately nearly at a close before the ill effects of chloroform became apparent, but they did so with extraordinary rapidity. Not half a minute elapsed from the first symptoms of these ill effects until the woman appeared at the point of death.

In this case the patient was not removed from the operation table for three hours after the chloroform had been given.

She subsequently did well, and was discharged cured.

CASE 4. In the autumn of 1860, I had occasion to operate on a patient suffering from elephantiasis scroti; his heart was *apparently* sound and his general health pretty good. He came under the influence of chloroform (administered at his own request) readily, or to speak more correctly *was coming* under it, when his pulse rapidly failed and he appeared likely to sink; yet neither lividity of the face occurred nor any difficulty of breathing. Restoratives of the usual kind were employed, and he recovered satisfactorily.

Operation was of course postponed, and was subsequently performed without the aid of chloroform. I do not dwell upon this case further than to impress upon the reader the importance of great care in the use of chloroform in operations for this disease. For, in the great majority of instances, there is, or appears to be, fatty degeneration of the heart. I have myself operated upon three cases of this kind in which this disease was probably present: but in two of which I administered chloroform—and I have seen three other cases in the practice of friends Drs. Van Someren and Paul—and in all of them (with one exception) was the inhalation of chloroform attended with considerable risk. However, I am happy to add that no ill effects followed its use. As these cases are to appear in an early number of this journal, I need not now do more than allude to them as bearing upon the practical caution I have above given, and of which I was recently reminded when examining a case upon which I hope to operate in a few days.

As regards the use of chloroform in all cases the conclusions will be apparent; but I may briefly note the points which seem to be proved by the foregoing examples.

1. That loss of consciousness is not essential to loss of sensation.
2. That apparent recovery, at the time, does not prevent the possibility of cerebral disturbance having been set up.
3. That the drug may be continued without ill effects for a long time, and yet *suddenly* induce dangerous symptoms.
4. That, in certain diseases, chloroform must be administered with especial care even though the heart may *appear* to be sound.

10. *Sulphate of Copper in Pencils.*—The frequent employment of sulphate of copper as a caustic, and the inconvenient form of its crystals when used for this purpose, has suggested to a Spanish pharmacist, Don Mariano Llovet, to fuse it in pencils like nitrate of silver. The rapidity with which it loses its water of crystallization interferes with changes in its form; it therefore requires to be mixed with some other substances which, producing no change in its caustic properties, allows it to take the desired shape. M. Llovet therefore used sulphate of alumina and potass (ordinary potass alum); mixing one part by weight of this salt with two of sulphate of copper. The two salts are powdered and placed in a clay or porcelain vessel over a spirit-lamp or any other sufficient source of heat, so as to be gradually melted together. The mass, when melted, is poured into a mould, which should be of bronze, so as to prevent the precipitation of metallic copper. The pencils obtained are of a clear bluish-green colour both internally and externally, and offer some resistance to breaking. The caustic property of the sulphate of copper remains unimpaired. —*Brit. Med. Journ.*, Sept. 12, 1863, from *Gaz. des Hôp.*, 28 July, 1863.