alone have been recorded. Saint Bartholomew's tables give 6440 cases with two deaths; Mr. Williams 1050 cases with one death." Up to the year 1854 chloroform was given 9000 times at Saint Bartholomew's without a single death, while in 10 years at the Edinburgh Infirmary it was given 3,650 times with only one death. Surgeon-Major Lawrie, Principal of the Medical School at Hyderabad says: "I have given chloroform as often or oftener than any man living, and have never had a fatal case; and I can state positively that in the 4,800 or 5,000 administrations I have superintended, I have never seen the heart injuriously affected by it." There is considerable disagreement in these figures. If Surgeon-Major Lawrie's results were obtained in India, it may be that his patients were better subjects for chloroform than the average European hospital patient, just as the natives of India recover better from lithotomy than Europeans. He believes that his success is due to his care in administration, and especially to his watching the respiration and paying but little attention to the pulse. We think that, as a rule, too much attention is paid to the state of the heart and pulse, at the expense of the lungs and respiration; the only post-mortem examination of a patient who died under chloroform which we have seen, showed the heart perfectly healthy and empty, while the lungs were gorged with blood, and in this case it had been noticed that the heart continued beating for an appreciable time after respiration had wholly ceased.

We are aware that in some of the schools this subject is carefully taught, and the student instructed practically in the administration of anæsthetics, but this is not the case in all, especially on this side of the Atlantic; and, it may be, that in this fact lies the secret of a greater mortality at the present day in the administration of anæsthetics than obtained some years ago.

IN another place will be found an account of a widespread epidemic of pneumonia in P. E. Island. This, it appears, while sometimes a distinct affection, was largely a complication of an epidemic of acute catarrhal fever, which is reported as having extended from one end of the Island to the other. This Influenza, invariably accompanied by marked febrile symptoms, carried in its train tonsillitis, middle ear disease, laryngeal affections, bronchitis, more or less severe, and fortunately less frequently pneumonia. Bronchitis and pneumonia have been comparatively rare diseases in corresponding months of other years. But the abnormally warm winter, with its bare and water-sodden soil, would seem to account for the abnormality of the prevalence of disease, and would also appear to point to teleurial as well as atmospheric causes. We unfortunately have no records of similar epidemics in our own country from which to draw inferences or conclusions of any value. This fact affords a strong illustration of the desirability of a general census of diseases being taken from which a comparison of year with year could be made. Our present system of mortuary statistics, embracing only a few of the larger cities of the Dominion is not only unsatisfactory but unprofitable. Vital statistics to be of value should include the whole country. Not only the deaths but the varieties and prevalence of diseases, preventible or otherwise, should be a matter of public record. To know the danger is the obvious and rational means of overtaking it.

Returning to the subject of pneumonia, our reporter gives instances of the twos, threes and even fours and sixes in one family, facts, which if an epidemic did not prevail, would seem to prove the contageousness of pneumonia. The fatality recorded is not large and is thus in keeping with the death-rate recorded of the pneumonias of influenza epidemics published in other countries.

Of the treatment of pneumonia *per se* the less said perhaps the better. Being an acute self-limited affection most cases will get well under, or as some writers contend, *in spite* of any treatment. There is perhaps no remedy known which exerts a shortening influence on the pneumonic process, although quinine in large doses at an early stage is said in some cases to abort it, and ergot is so credited by others. The treatment must, therefore, be chiefly hygienic and symptomatic. The work of the physician is to support life until the disease has run its course and to control symptoms as they arise. Principal among these are pain in the side, high fever, cough and distressed breathing and heart failure. For the pain in the first stage morphia would seem to take first rank. For high fever quinine, antifebrin, antipyrine. For cough and distressed breathing expectorants, rest, external applications. For heart failure, Digitalis, Strophanthus Convallaria and rest, not merely keeping, the patient in bed, but compelling absolute rest in recumbent position, sternly forbidding the patient, with a flagging heart, to raise himself in bed or make any exertion for the purpose of expectorating, taking medicine or for any other cause whatsoever. In our