

**THE REWARDS OF PROFESSIONAL LABOR.**—We have recently allotted special space to the notification of wills left by medical men. It must have already struck those of our readers who have glanced at the figures recorded in this weekly report, that the average value of the property handed down by members of the profession to their families is singularly small. This is, unhappily, the fact. The general practitioner is a hard-working, and too often a struggling man to the end of his days. Comparatively few of the class are able to retire, as the members of other callings retire for rest from their labors, before the relief which death brings to all men. Physicians and surgeons as a rule die in harness. The expenses incurred by those who make specialties of medicine or surgery, or of any one branch of either of these departments of professional work, are necessarily great, while the recompense to the life of labor entailed, looking at the career as a whole, is proportionately small. Even the few who seem to make large incomes during a part of their career seldom amass even moderate competencies. Some five-and-twenty years ago, calculations were made for London and the provinces, and it was estimated that a physician, practising as such in London, did not acquire an income on which he would be required to pay income tax for sixteen years from the commencement, while a physician in the provinces reached the legal figure in eleven years, but not earlier. The differences in favor of the provinces are, of course, due to the fact that no man would think of commencing practice as a pure physician in any city or town, except the capital, unless he had special reason to believe there existed "an opening." We have no means of knowing whether matters have mended with the profession generally during the last quarter of a century, but, looking to the increase of its aggregate numbers in relation to the population, we fear there is not much ground to hope that the rewards of professional labor have been sensibly augmented. The laborer is worthy of his hire, and it is well now and again to look into this matter of money. It will sooner or later be necessary to take it into very serious consideration in relation to the question of fees. Meanwhile, the lesson to be learnt from the story of the wills left by medical men is certainly one of caution and thrift. It is a sad reflection that, speaking generally, the families of medical practitioners are insufficiently provided for, a large proportion being left almost in poverty.—*Lancet*, April 8, '82.

**ANÆSTHETICS FROM A MEDICO-LEGAL POINT OF VIEW.**—Dr. J. G. Johnson, of Brooklyn, gives the following which has an important bearing on the practical relations of patient and medical attendant :

Anæsthetics do stimulate the sexual functions ;

the ano-genital region being the last to give up its sensitiveness. Charges made by females under the influence of an anæsthetic should be received as the testimony of an insane person is. It cannot be rejected, but the *corpus delicti aliunde* rule should be insisted on. Dentists or surgeons who do not protect themselves by having a third person present, do not merit much sympathy.

Deaths from administration of chloroform after a felonious assault, unless the wounding were an unmistakably fatal one, reduces the crime of the prisoner from murder to a felonious assault. The surgeon has no right to use chloroform to detect crime, against the will of the prisoner. But the army surgeon has the right to use chloroform to detect malingerers. The medical expert, notwithstanding he is sent by order of court, has no right to administer an anæsthetic against the wish of the plaintiff in a personal damage suit, to detect fraud. Gross violations of the well-known rules of administering anæsthetics, life being lost thereby, will subject the violator to a trial on the charge of manslaughter. A surgeon allowing an untrained medical student to administer anæsthetics, life being thereby lost, will subject the surgeon himself to a suit for damages. What he does through his agent he does himself. The physician who administers an anæsthetic should attend to that part of the business and nothing else. He should have examined the heart and lungs beforehand. He should have the patient in the reclining position, with his clothes loose, so as not to interfere with respiration ; should have his rat-tooth forceps, nitrite of amyl and ammonia, and know their uses, and when to use them and how to perform artificial respiration.

In operations on the ano-genital region and the evulsion of the toe-nail, complete loss of sensation in these parts should never be allowed, and no operation on these parts at all should be had under an anæsthetic, unless by the approval of a full consultation who have a knowledge of the dangers. Chloroform cannot be administered by a person who is not an expert, to a person who is asleep without awaking him. Experts themselves, with the utmost care, fail more often than they succeed in chloroforming adults in their sleep.—*Annals of Anatomy and Surgery*, December, 1881.

**PUERPERAL EPILEPTIC CONVULSIONS.**—Dr. Lucas, of Liverpool, reports the following case in the *London Lancet*, April 8, '82 :—On Dec. 27th, 1881, at 5 a.m., I was called by a midwife to see Mrs. W., who had been some hours in labor (primipara), and had just taken "a fit." When I saw her the convulsions had passed off ; quite sensible ; face somewhat puffed ; os dilatable and head presenting. While passing a catheter she had a violent attack of convulsions ; urine albuminous. I then gave chloroform, and delivered with long for-