

migraine, rheumatic pains, muscular rheumatism, acute articular rheumatism, the lightning pains of tabes, etc.) and also with the best results. Further, in cases of hysteria and of hysterical or neurasthenic pains phenacetin has seemed to produce better effects than the bromides; it calms the excitability of the nervous system, and in some obstinate cases of nervous insomnia it produced sleep." The testimony of other observers is to the same effect and confirm the conclusion of Dujardin-Beaunet that phenacetins ought to be substituted for antipyrin for the following reasons: (a) Because they are non-toxic; (b) Because they act in doses one-half smaller; (c) Because they are one-half cheaper; (d) Because there is no monopoly in their manufacture.

It is, of course, utterly impossible for even the best equipped and best managed medical schools to turn out their graduates not only possessed of an accurate knowledge of the science of medicine and surgery, but also clothed with that judgment and skill which can only come from practice and experience, nor is it expected that they should; but when we remember that many young graduates when they once get the coveted diploma in their hands, step into immediate independent practice, and perchance become the arbiters of life and death, the immense responsibility of the schools is apparent. Among the early responsibilities which the young practitioners will probably be called upon to assume, are difficult cases in obstetric practice, and the administration of anaesthetics. In neither of these cases will the average graduate find himself possessed of that confidence which comes from practical knowledge, for his college education in these matters has been largely theoretical.

Many a student goes through college, passes his examination and receives his diploma, who has never administered an anaesthetic in his life. He has probably seen ether administered frequently by some one else, but beyond that, has learned but little of the subject, and has had positively no personal practical experience. The seeing a trained anaesthetist administer ether may indeed cause the student to notice the ease with which the procedure is carried out, and the freedom from danger which accompanies it, but does not at all enable him to gauge the practical knowledge displayed by the anaesthetist in securing that ease and freedom from danger.

He consequently learns to think more lightly of the matter than its importance demands.

When a patient is fully anaesthetized he is carried very near that borderland which separates life from death; and the responsibility of placing a human being in such a position should only be assumed by one who has been fully and practically taught all that is known on the subject. He should know what symptoms give warning of danger, and what are the proper means of counteracting or relieving the same when it appears. We have seen two cases reported (by the same surgeon) in which during the administration of chloroform the breathing stopped and the operator opened the trachea, this opening being accompanied with a rush of air into the lungs, and the restoration of breathing. It would seem very likely that these were cases of closure of glottis by the falling back of the epiglottis, and that the patient might have been saved equally well by extending the head and so raising the epiglottis after Howard's method.

The student should also be taught how to choose the anaesthetic best suited to the case. The friends of chloroform and ether are still each vaunting the superior merits of their favorite, and the battle is being as keenly contested to-day as it was fifty years ago. As a matter of fact a perfectly safe and pleasant anaesthetic is still a desideratum; till such is discovered we must be content to use what we have.

Although there is no doubt ether is being much more generally used than it was, on account of its greater safety and in spite of its greater unpleasantness, it has some qualities which render it inapplicable in certain cases; such, for instance, as in operations about the mouth, requiring the actual cautery, and in persons suffering from kidney disease. One experimenter, however, Feuter, denies that kidney disease is a contra-indication for its use, and has given it successfully in several cases of albuminuria. \* "We have as yet no conclusive evidence or statistics to enable us to balance the merits of the different anaesthetics in a mathematical manner. We know that between the years 1870 and 1885, 184 deaths have been published in England as occurring under chloroform, which is slightly over 12 in a year. The number of times chloroform has been administered in the same time is not known. At Saint Bartholomew's from 1875 to 1880 chloroform had been used 4810 times with two deaths. Mr. Williams has recorded as his personal experience 208 cases of chloroforming with one death. On the other hand between 1870 and 1885, 28 cases of death from ether in England

\* Prof. White, University of Pennsylvania.