my rheumatic patients to wear it regularly, and many have been very thankful for the advice. With regard to the joints, I have found wrapping the affected bones in cotton-wool all that is, as a rule, necessary, but when pain has been very excruciating, hot fomentations, with solution of belladonna sprinkled on the flannel next to the skin, have given relief. For pericarditis, my patients have generally seemed to be relieved by turpentine-stupes, followed by linseed-poultices; but unless it seem to be severe, I think it is advisable not take away the cotton-wadding or to apply anything else, for I feel sure that the less these patients are exposed the better. If possible, I avoid giving anything to procure sleep, but, when obliged to do so, I find our old friend Dover's powder the best. These patients generally require something to act upon their chylopoietic viscera; and I must say that I find nothing equal to five grains of pilula hydrargyri, followed by haustus albus, which draught has often to be repeated. As to diet there is nothing better for them than milk; and when the fever begins to subside, we can afford to be more generous.

"The asthenic patient is thin, pale and weak to begin with, from some cause or other; perhaps an over-worked and over-anxious young man, who in his desire to get on in the world has always neglected himself, and has taken his meals (and of them but little) irregularly; or a young mother, with one or two children, living on little else than tea. These patients have the same local signs and the same fever as the other patient had; but although there is the same tendency to inflammation of certain tissues, and the same fever, the tendency has, I believe, been produced by different causes entirely; and to obviate this tendency, or to remove the cause, we must, I think, adopt a very different mode of general treatment from what we do in the other class. These patients require plenty of support from the beginning, and we cannot give anything better than milk to begin with. Soon this patient will require beef-tea and other foods. As an internal remedy, I think we have none to equal quinine, giving from the beginning. Occasionally we may have to give other remedies when called for, but quinine is the remedy upon which we have to depend; and later on, I invariably find that the addition of iron to the mixture is beneficial. The same local treatment is required in these cases as in the other. As aperients, colocynth and aloes are preferable to the mercurial and haustus albus.

"My object in speaking to-day is to express my candid opinion that we should not treat all cases alike, but first of all should take in to consideration the class of the patient we have to treat, and then to decide what remedy or treatment to choose—In one case it may be potash or salicylate, in other quinine. Of course, the treatment of rheumatism following other diseases will be different, as such will have to be taken into consideration."

ON ANESTHETICS.

In a paper read at a meeting of the British Medical Association by John Chiene, Esq.. Professor of Surgery in the University of Edinburgh, he says:

The present outcry against chloroform is the result of an imperfect understanding of its physiological action; the proper method of administration; the dangers which may accompany its use, and their treatment.

Proper method of administration. Simple means are the best. A towel or handkerchief is better than any apparatus. If any apparatus is used, then the administrator trusts to the apparatus; the only sure trust is knowledge of the action of the drug, its dangers and their treatment. It is a matter of no importance how much is poured on the towel, except as a matter of economy; what has to be carefully attended to is the effect of the drug upon the patient. The administrator has to give his entire attention to the effect of the drug; The administrator must have his catch-forceps attached to his coat, and have confidence in himself.

In hospital practice, for the last eighteen months I have used Allis's ether-inhaler. By it chloroform is saved, and it is a convenient method of administration. As a rule I think the patient drops more quickly under the influence of the drug.

The administrator must watch the breathing and the appearance of the patient. The sense of feeling with the hand between the towel and the mouth is the best guide to the breathing. The heaving of the chest is also to be watched. The heaving of the abdominal walls is deceptive, as this may be due to contractions of the diaphragm, which may continue for some time without any air entering and being expelled from the chest. Voluntary stoppage of the breathing frequently occurs early in the administration. Experience will soon enable the administrator to understand this, and to distinguish it from stoppage of respiration due to the action of the drug on the nervous centers which govern the muscles of respiration. The sense of hearing may also assist in enabling the administrator to judge of the breathing. In antiseptic surgery the use of the steam-spray, accompanied by a hissing noise interferes with the sense of hearing; in such cases the surgeon must trust to the senses of touch and sight. If the breathing becomes shallow or irregular, accompanied by gasping or sighing, then the towel must be at once removed from the patient's face. When the breathing becomes deeply stertorous, then the patient has, as a rule, had sufficient; the towel must be at once removed. Stertorous breathing is not in itself an evidence of danger.

The appearance of the patient's face is also to watched. As long as the lips are red, the blood is being properly aerated, the circulation and the heart's action are unaffected. If the patient become livid or unnaturally pallid then there is danger.