the case alluded to above, carbolic oil (1 in 30) relieved, to a great extent, the intolerable irritation and itching which was the most disagreeable manifestation of the action of the drug.

THE PUPIL IN CHLOROFORM ANESTHESIA.—In an exhaustive article in the *British Med. Journal*, on the above subject, Dr. Henry J. Neilson, has formulated his conclusions as follows:

1. The effects produced by chloroform on the pupil are at first dilatation, varying in degree and duration, then contraction as the narcosis becomes profound, and dilatation again as the sensibility is returning. If the administration be still continued with the pupil strongly contracted and motionless, the pupil will also dilate, but in this case more suddenly and completely, and will be coincident with a state from which it will be difficult or impossible to resuscitate the patient. This latter is the dilatation of asphyxia. 2. So long as the pupil dilates in response to excitation by pinching, etc., the patient is not sufficiently narcotized for the operation to be proceeded with, unless the operation is slight and does not require complete anesthesia. 3. When the pupil becomes strongly contracted and immobile, no more chloroform should be given until it begins to dilate again. If, then, further anesthesia be required, a little more chloroform should be given until the pupil again contracts. 4. The occurrence of sickness causes dilatation similar to, but more sudden than that which happens when sensibility is returning, and the efforts of vomiting have the effect of arousing the patient. The watching of the respiration and the pulse, which are doubtless the best indications of the effect produced on the individual by chloroform, and, therefore, of vital importance for safe administration, does not, in many cases, furnish evidence of the state of sensibility, in regard to which he regards the state of the pupil to be of the greatest assistance. The sign usually relied on, namely the insensibility of the conjunctiva, is by no means a satisfactory test, for in many cases conjunctival anesthesia is established long before the patient can be said to be under the influence of the drug. By observing the pupil, the administrator can tell at once when the effect of the drug is on the wane, because the pupil then begins to dilate slowly. Noticing this he can, by the administration of a few drops more chloroform until the pupil again contracts, prevent the occurrence of struggling and interruption of the operation. In this way he can keep the patient in a state most suitable for the satisfactory performance of the operation without narcotizing him more than is necessary.

THE MUTUAL RELATIONS BETWEEN PHYSICIAN AND PHARMACIST.—The *Pharmaceutical Era*, of Detroit, says that the importance of the above to both professions has led them to offer a prize of *fifty dollars* in gold for the best essay on the subject. The essay should endeavor to show how the ideal harmonious relations between physicians and pharmacists, both as individuals and as represented in their respective organizations, may be best realized, and all competitors must be governed by the following conditions:—

1. Anyone interested in the subject may compete. 2. The essay must not exceed 2,000 words in length and must reach us previous to January 1st, 1888. 3. The MSS. must be free from the author's name, address, or other marks of identification, and we recommend typewriter copy wherever practicable. 4. The author's name and address must be enclosed with the manuscript on separate paper. 5. All the essays submitted in competition for the prize are to be the property of the *Pharmaceutical Era*, and to be published or not at the discretion of the editor, but names of authors will be suppressed if requested. 6. A committee consisting of five representative men chosen from the medical and pharmaceutical professions, to whom the essays shall be submitted anonymously, shall award the prize, and the names of the committee will be announced with their decision. Address, D. O. Haynes & Co., box 583 Detroit, Mich.

TREATMENT OF TYPHOID BY COLD WATER.—Dr. Austin Flint's conclusions in this matter are borne out, says Dr. Allen (*Med. Times*), by the results in 13 cases which have occurred in his practice. They are as follows:—1. That by the use of cold water externally in cases of typhoid fever the temperature of the body may, after a variable time of its continuance, be reduced to 102°, or even lower. 2. After a period, varying very much in different cases, and also at different times in the