

the application of the forceps at the inferior strait she was delivered of a child, weighing upwards of 4 kilogrammes.

It is very certain that to relieve fruitless effort, and prevent continued muscular contractions, is a positive benefit to the heart.

A dense pulmonary affection may be a contra-indication; here the physician's responsibility becomes much greater.

Pulmonary lesions may be rendered threatening, if the anæsthetic be pushed too far. Nevertheless, I have frequently used chloroform freely in different stages of phthisis, and once even during the course of pneumonia with the best possible result both for mother and child.

Are any accidents to be feared? I have mentioned phenomena of apnoea, many of which are undoubtedly attributable to the bad quality of the chloroform.

However, I have no doubt that rare and exceptional cases may be met with.

Inciting the thorax and insisting upon free respiratory efforts, on the part of the patient, are followed by their rapid disappearance.

Can vomiting be the result of its protracted use? This is not absolutely impossible, yet I have rarely seen it; but I have frequently seen chloroform put a stop to obstinate vomiting during labor.

Possibly the most important objection made against the use of chloroform is that it favors the occurrence of hemorrhages.

A careful examination of the testimony of various authors proves that their opinions are simple allegations rather than established facts.

A careful review of our own observations does not at all corroborate the truth of these allegations.

On the contrary, if we did not hesitate to assert facts without proofs, we would be inclined to believe that chloroform rather prevents the repetition of useless uterine contractions, and puts the patient in better condition for permanent uterine contraction. This appears to be the result in a number of cases.

The same may be said with regard to the puerperal condition. Not only has it been equally satisfactory, but the return to health has often been more easy and rapid.

Another *theoretic* objection has been raised, claiming the deleterious effect of chloroform on the infant. First, the patient rarely takes much chloroform; however, admitting that she took a great deal, I have never, in a single instance, noted any injurious effects on the child. A fact too, worthy of remembrance, is that a new-born infant bears chloroform very well.

It is probable that anæsthesia in obstetrics might be produced by the greater number of recognized anæsthetics. I, myself, have only tried ether, and the bromide of ethyl.

Both have appeared to me inferior in action to chloroform. Ether, without a special apparatus, fills the room with dangerous vapor, its action, too, is too slow. Bromide of ethyl emits a nau-

seous vapor, very disagreeable even to the accoucheur himself; its action is much slower, and not by any means less dangerous than chloroform; on the contrary, notwithstanding the hopes entertained of its many advantages, by its early advocates, the record of its use in general surgery has been that of frequently producing most formidable accidents.

In general practice, it should be borne in mind, that chloroform used to produce partial anæsthesia, and pushed to *complete* anæsthesia where occasion requires it, is of such great use that the accoucheur should never be without it. The chloroform used should always be chemically pure.

At the same time that I always have pure chloroform at my disposal, I also provide myself with reliable *ergotine*—whether we simply use it hypodermically in case of hemorrhage, or where you make a systematic use of it as I do, after all deliveries.

After complete anæsthesia, the use of *ergotine* is far more reliable than any preparation of ergot.—*N. O. Med. and Surg. Journal.*

CURE OF ABSCESSES WITHOUT CICA-TRICES.

Dr. Quinlan recommends the passage through the abscess of a fine silver wire, which, with the ends tied outside, will act as a drain. This must be done before the pus reaches the surface, when it is, say, half an inch from the external surface. No poulticing must be used, and when the abscess is evacuated a compress applied. This procedure has never failed in his hands.—*Med. and Surg. Reporter.*

GARGLES.

GARGLE IN TONSILLITIS AFTER THE ACUTE STAGE AND IN RELAXED SORE THROAT.

R. Acid. hydrochlorici dil., $\bar{\text{3}}$ 3; mellis depurati, $\bar{\text{3}}$ 1; infus. rosæ acidi, ad. $\bar{\text{3}}$ 8. M. Sig.—As gargle.

GARGLE IN APHTHÆ AND ULCERATIONS ABOUT THE FAUCES.

R. Boracis, grs. 160; tr. myrrhæ, $\bar{\text{3}}$ 1; aquæ, ad. $\bar{\text{3}}$ 8. M. Sig.—Gargle.

IN ULCERATION AND FISSURE OF THE TONGUE.

R. Boracis, grs. 60; glycerini, $\bar{\text{3}}$ 12; aquæ rosæ, ad. $\bar{\text{3}}$ 4. M. Sig.—To be painted over the fissured surface.

GARGLE IN CHRONIC INFLAMMATION OF THE FAUCES.

R. Boracis, grs. 180; syrupi scillæ, $\bar{\text{3}}$ 1; aquæ, ad. $\bar{\text{3}}$ 8. M. Sig.—Gargle.

IN CHRONIC GINGIVITIS, ULCERATION, LOOSENING OF THE TEETH.

R. Tinct. myrrhæ, $\bar{\text{3}}$ 4; acid. tannici, gr. 35; Eau de cologne, $\bar{\text{3}}$ 12. M. Sig.—Sponge the gums with this preparation three or four times a day.—*Med. Gazette.*