

from excesses; when the period of excitement has been reached, chloroform is given in place of the ether; afterward, when the patient is quiet and breathing regularly, the use of ether may be resumed.

The A. C. E. mixture mentioned above, although it originated in London, has a better reputation in the United States than at home. The proportions of the mixture are, by measure: alcohol one part, chloroform two parts, and ether three parts, its constituents to be of the very finest quality.

This was used by Dr. Harley for several years in a quiet way, but in 1864 a committee of the Royal Medico-Chirurgical Society gave it prominent mention in their report on anæsthetics.

The majority of London anæsthetists are particular to use the ether in as fresh a condition as possible, and preference is given to the use of an inhaler. The Clover inhaler is largely used, though Ormsby's and Junker's have their adherents.

CLINICAL NOTE ON CODEIA.

Dr. Braithwaite writes the following clinical note in the *Lancet*; and, considering the immense importance of finding a suitable substitute for morphia, we append his remarks *in toto*:

Invaluable as opium and its alkaloid morphia are, they, however, have several disadvantages, some of which can be avoided by the use of codeia, which has peculiarities of its own worthy of remark. Many patients cannot take opium or morphia on account of the sickness which follows the next day. Codeia rarely produces sickness, and after taking, say, two-thirds of a grain in the evening of one day, there is freedom from any effects whatever after a cup of coffee the next morning. This is a very important practical point, provided the codeia answers the same end as the opium. The former drug seems to have a special action upon the nerves of the larynx; hence it relieves tickling cough better than any ordinary form of opium. Two-thirds of a grain may be given half an hour before bedtime.

It was in my own case that I first began to use codeia. For more than twenty years, usually once every winter, I have been seized with a spasmodic cough just before going to sleep, which becomes so

severe that I am compelled to get up and sit by the fire. After an hour or two I return to bed and am free from the cough till the next winter. In other respects I enjoy good health. Once, and once only, the affection returned on two or three consecutive nights. There is no expectoration, and the affection is as much a laryngeal spasm as a cough. The cold which originates this is usually trivial. If I take opium in any form I am sick the next day, and if I take chloral I have a headache and feel unfit for work. Many years ago I found that one grain of codeia taken about two hours before bedtime, absolutely stops the attack and leaves no unpleasant effect the next morning. As I have some warning when an attack is impending, I am now able to defy the cough.

In cases of vomiting from almost any cause, quarter-grain doses of codeia in an effervescing mixture, usually answer exceedingly well, or half a grain may be taken at rather longer intervals. In the milder forms of diarrhœa two-thirds to one grain of the drug usually answer most satisfactorily, and there are no unpleasant after-effects. If, however, there is great pain the analgesic effect of codeia may not be sufficient, and opium itself, or morphia hypodermically, may be required. There is a curious form of diarrhœa met with in elderly women, the etiology of which I do not quite understand. Before the proper time to get up, and perhaps once or twice during dressing there occurs a mild form of diarrhœa. As this continues year after year it gradually impairs health. I find it best treated by half a grain of codeia, or even two-thirds of a grain, about four o'clock in the morning. It should be given in the form of a pill. Sometimes chronic neuroses may be cured by breaking the continuity of the pain, for which purpose I have found this drug peculiarly suited. It is better in such cases to prescribe it in a rather large dose at long intervals, as two-thirds of a grain or a grain every twenty-four hours. This need not prevent other treatment being adopted if necessary. Codeia will not entirely take the place of morphia, for it is not so powerful. It will not relieve an intense pain, but it has distinctly its own sphere of action. It is usually given in the form of pills, as it is so difficult to keep in solution. This answers very well in diabetes, in which disease, as is well known, it is invaluable. In many cases, however, a solution is