Form to be Filled in Before the Administration of an Anasthetic.	
NameDisease	AgeSex
BirthplaceOccupat	ionWard No
House SurgeonDate of	Admission Date of
Discharge Under care ofReport taken by	
HABITS: Alcohol DISEASES: Epilepsy	
Opium	Apoplexy
Cocaine	Bright's Disease
Other Drugs	Other Diseases
Patients Condition. Pulse beforeduringafterCirculation HeartLungsNervous System Urinary Analysis—Sp. GrAlbumen ReactionSugar Anæsthetic commencedatDiscontinued atAnæsthetic usedAmount used State of Stomach during operation Return to consciousness at DateAdministratorM.D.	

General Remarks:

THE BROMIDE SLEEP.

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That it is perhaps possible by means of acute bromidism to quickly and permanently obliterate the desire for morphine, chloral, cocaine or alcohol without the usual subsequent suffering and without creating another drug habit in cases where these drugs have been taken for several years in larger than medicinal doses, is I think sufficient excuse if one be

required for the production of the Bromide Sleep.

This treatment was first described and used by Neil MacLeod of Shanghai, who now reports nine cases. I will read a short report of his treatment of the first of these cases in which the Bromide Sleep was produced by mistake. "In 1889 a married women aged 25 suffering from neuralgia for which she received hypodermic injections of morphine, the habit being continued without break until May 1896 in spite of several attempts to withdraw the drug slowly: on May 17th I ordered her a 12 ounce bottle containing 12 drachms of sodium bromide, a half ounce of the mixture to be taken every four hours: on May 18th she was drowsy, and on May 19th I found her so soundly asleep that I could not wake her. The pulse, temperature, respiration and skin were normal. The whole bottle and half of a second one had been given. For four days no intellectual, emotional or volitional effort was observed and only a little milk was swallowed daily. The patient could not stand or sit, muttered in an-