

ably, with no symptom of choking; the pulse increased almost immediately in volume and rapidity; the respirations were more frequent and less deep. In three minutes, the patient began to struggle, and, within four minutes of the commencement of the administration, the pulse suddenly failed, so as for a moment to be hardly perceptible; the respirations became hurried and shallow; the jaw appeared to be closed by spasm; the lips were blue; the eyes staring and suffused, the left pupil much dilated, but the right of moderate size (about the dimension of a No. 8 catheter); the breathing was very noisy and stridulous, as if due to laryngeal spasm. With difficulty the mouth was forced open. These symptoms passed off rapidly, and in about the space of two minutes the patient came to himself, without passing through the talkative stage usually observed when chloroform is given. The slight operation needed was performed while he was quite conscious. He himself thought that the anæsthetic had caused him to feel the pain less acutely. The next patient anæsthetised was a young woman aged 25, suffering from extensive warty growths of the vulva. Mr. Rivington cut away the growth, arresting hemorrhage by pressure and the occasional application of the actual cautery. She was in good health. She inhaled the chloramyl comfortably, and in five minutes was fairly under its influence. The pulse remained throughout full and regular, the respiration easy. As in the previous case, she regained consciousness without passing through the stage of disquiet usually observed. The third operation was for the removal of necrosed bone from the hand; the patient was a healthy man. In six minutes he was perfectly anæsthetised. His pulse during the first minute became intermittent, the intervals of intermission decreasing in frequency until the third minute, when the pulse was perfectly regular. The respirations were throughout easy. The patient struggled a great deal, but came to himself without any display of restlessness or talkativeness. In each instance, the patient was free from any cardiac mischief. The drug was administered in the same manner as is adopted at the hospital for the administration of chloroform, but the quantity used was greater. It was observed that, when once the patient was well under the influence of the chloramyl, small quantities of the drug were sufficient to keep up the narcotic effect. All the patients recovered completely, without vomiting or other bad result. In the two latter patients, the pupils remained throughout quite equal, the eyes turned up, with lateral ystagnus, the globes retaining perfect parallelism. The drug was obtained from Bass Brothers and Co. Chloramyl was first advocated by Dr. R. Sandford, in a letter to an American journal. From experiments upon animals, he has come to the conclusion that this combination, is far safer for general anæsthetic purposes than

chloroform uncombined, and, "so far as tried, it seems to be fully as safe as sulphuric ether, and far more pleasant in its administration, possessing all the advantages of pure chloroform without its dangers." He states that, "in administering chloramyl, the patient's face becomes flushed much sooner than with chloroform, but press the drug right along, and the countenance does not become pale. Both heart's action and respiration are kept up thoroughly throughout the anæsthesia." Dr. Sandford alleges that chloramyl prevents the approach of danger both by syncope and by asphyxia. The formula he uses is: Squibb's chloroform, lb. j; nitrite of amyl, two drachms. He suggests that the amount should be diminished in long and tedious operations. Mr. J. T. Clover, in reviewing Dr. Sandford's communication in the January number of the *London Medical Record*, stated that he made a trial of this mixture in ten cases. The anæsthesia was quickly produced, without much excitement in any case; but three suffered nausea afterwards, and two of them vomited and remained for an hour much in the same condition as if chloroform alone had been given. It appears to be similar in its action to that of a mixture of chloroform and ether; but as the vapour is less pungent, the patients generally breathe it without resistance. It was much too soon (Mr. Clover thought) to pronounce upon its relative safety.

"PRAYING DOCTORS."

The *London Lancet*, of May 3rd, 1879, has the following in reference to "praying doctors:"

The *World* of April 23rd has an article on praying doctors, which imputes to certain—or a certain class of—medical practitioners, that they seize the opportunity offered by the bodily and mental weakness of their patients, to ply them with appeals and exhortations on the subject of religion, and so practically establish themselves as medical *confessors*. If there were any real ground for this imputation we should be the first to denounce a procedure so obviously at variance with the obligations of medical etiquette and domestic decency. No confounding of the functions of the physician with those of the spiritual director would be sanctioned by the approval of the profession. If a practitioner were known to abuse his proper relations with the sick by proselytising, or making personal capital out of a pretence of religious zeal, he would be justly ostracised by the common sense of the scientific community. We do not, however, believe the assertion, that such a course is pursued by any creditable member of the profession. There are, of course, black sheep in every flock, our own not excepted; but we hope, and have confidence, that the number of those blackest of black-hearted men who would utilize a reputation for praying,