

to the hospital in search of one. It so happened that three minor operations stood for the day, two by myself and one by Dr. Duncan. My patient, a Highland boy, 4 or 5 years old, affected with necrosis of the radius, came first. On holding a handkerchief, on which some chloroform had been sprinkled, to his face he became frightened and wrestled to get away. He was held gently, however, by Dr. Simpson and obliged to inhale. After a few inspirations he ceased to cry or move and fell into a sound snoring sleep. A deep incision was now made down to the diseased bone, and by means of forceps nearly the whole of the radius in a state of sequestration was extracted. During this operation and subsequent examination of the wound by the finger not the slightest evidence of the suffering of pain was given. He still slept on soundly, and was carried back to his ward in that state. Half an hour afterwards he was found in bed, like a child newly awakened from a refreshing sleep, with a clear, merry eye, and placid expression of countenance. On being questioned, he said that he never had felt any pain, and that he felt none now. On being shown his wounded arm, he expressed much surprise, but neither cried nor otherwise expressed the slightest alarm. A soldier came next, who required a painful operation on the face. By chloroform it was done quite painlessly, etc., etc. Dr. Duncan's patient (the 3rd case), was a man of 22 years of age, with a doomed toe of extreme sensitiveness to touch. In half a minute he was asleep; every student present might have handled his toe freely with impunity; and amputation was undergone without the slightest perception of pain. In these three operations not more than half an ounce of chloroform was used." "From that day," says Professor Miller, "I have never ceased to employ chloroform in almost every case which possessed importance enough to demand

its use; in every case indeed, except a very few, (such as operations upon the mouth, nose, etc., in which danger of suffocation may arise to the patient from blood finding its way into the air passages) I have held but one opinion of the anæsthetic use of chloroform throughout. An opinion that has been growing, and now stands confirmed, viz., that it is by far the best anæsthetic agent yet known; that in almost all cases of surgical operation it may be given, *when given well*, with perfect success, and with perfect safety. That the knowledge of its use in this way is a boon to both the profession and the public, of incalculable benefit, and that, in the words of Sedilott, "Its marvellous power of suspending pain transcends all that the imagination had ever conceived of the charms and enchantments of a bygone age!"

It is now well ascertained, at least it is the opinion of the highest authorities, that chloroform is productive of no bad after-consequences if prudently administered.

When etherization first began to be employed in surgical operations it was argued that its adoption produced a greater tendency to primary and secondary hæmorrhage, to imperfect union of wounds, pneumonia, &c., &c. And amongst those who expressed the strongest opinions in regard to the reality of these supposed evil consequences was Dr. Syme, Professor of Clinical Surgery in the University of Edinburgh, and one, or rather I may say the first, operator of that day. He, however, amongst the rest, abandoned such opinions as utterly untenable, and since that time I never saw an operation performed by him in the Royal Infirmary, of which he had several almost every day, without the patient being either brought in in the state of anæsthesia or being put into such a condition immediately on being placed upon the table.

Dr. Simpson in a pamphlet entitled "Anæsthesia in Surgery: Does