

account of it, as contained in the first pamphlet which he published on the subject, and which may be regarded as the *announcement* of his so-called "discovery." The pamphlet I allude to is entitled "Account of a new anæsthetic agent, as a substitute for sulphuric ether in surgery and midwifery":

"Chloroform was first discovered and described at nearly the same time by Soubeiran (1831) and Liebig (1832); its composition was first accurately ascertained by the distinguished French chemist Dumas in 1835. It has been used by some practitioners internally. Guillot prescribed it as an antispasmodic in asthma, exhibiting it in small doses, and diluted 100 times. But no person, so far as I am aware, has used it by inhalation or discovered its remarkable anæsthetic properties till the date of my own experiments." The advantages of administering chloroform, or in other words of safely inducing the state called *anæsthesia* (which is just the unconsciousness of impressions) in almost all cases of surgical operation, must be very evident as *regards the patient*. Chloroform if properly administered annihilates pain.

"In disease," says a medical writer in the *North British Review* for May, 1847, "the sternest minds and the most possessed have looked death steadily in the face, day by day, week by week, and month by month; they have reasoned calmly of that which they believed to be surely carrying them onward to their grave; and yet they have turned trembling and appalled from the thought of an operation, which a turn of their malady may have rendered imperative. Many a wise man, as well as many a bold man, has refused to submit to what his own conviction told him was essential to his safety; and many a valuable life has thus, in one sense, been thrown away, which otherwise might have been saved, or at least prolonged. And

why? Simply because in the operations of surgery of a grave kind there has hitherto been such cruel pain as frail humanity, even of the highest class, is fain to shrink from." "Now," says Professor Miller, the following year:—"Now there is no such bugbear; and in the sure prospect of enduring *no pain whatever* the patient at once, with little hesitation, is found ready to submit to what the surgeon tells him is necessary to his welfare. There is no postponement till a time that is too late, and it need not be matter of surprise consequently, that *success* comes more plentiful than before." Pain, the attendant on disease, does some good by directing attention to the affected part, etc. But the pain of *knives* or *caustics et id omne genus* is surely an undoubted evil. But not only does chloroform confer this inestimable boon—the absence of pain—upon the patient, but it does so, if properly administered, with perfect safety, and we are warranted in believing that its use adds considerably to the chances of recovery after operation. It is natural to suppose that the shock which the system sustains, under the infliction of acute pain, must in all cases tend to lower the vital powers and retard recovery. By means of chloroform the shock of operation is abrogated, and the patient on awaking from a state of unconsciousness, rejoices to find that what was so terrible in contemplation has proved in reality, nothing in endurance. Take for example the three first surgical cases in which chloroform was ever publicly administered in Scotland, that is to say in the world. The following is the substance of the report of these cases, to the correctness of which I can vouch, as I was a delighted eye-witness of them:—"Early in November, 1847," says Professor Miller, "I had the privilege of witnessing a striking example of its success. Dr. Simpson not having had an opportunity of trying chloroform in surgery came over