has certainly the drawback that, as it leaves the patient perfectly conscious of all the preparations for the procedure which he is to undergo, he becomes under its use nearly all the terror which they would without an anesthetic; and this terror is perhaps the most painful part of these trifling operations. I cannot help thinking that the limited extent to which a method so easy, so easy, and so perfectly effective in these minor operations, has been adopted, is a proof that the profession at large have come to a different conclusion as to the danger of the case. It was intended to supersede, from that adopted by its ingenious author.

I must now bring these observations to a close. My object in them has been to show what the mortality after chloroform has been, and to inquire whether the results of post-mortem examination have given us any clue for assigning it to its efficient cause. In reference to these two points, I believe the facts before us show—

1. That the reported mortality in the British Islands has been less than six per annum; that a great number of these cases occurred in private practice; and that, as many of them were disclosed by means of coroners' inquests, it seems probable that we do really hear of most of the fatal cases which occur in the United Kingdom.

2. That the post-mortem appearances have not been sufficient to indicate any uniform cause of death; that the importance ascribed usually to the degeneration of the heart is greater than experience would warrant; that, from the number of cases of persons previously in perfect health, and the rapidity with which death was produced, there is a strong presumption that the result was due to imperfect methods of administration, or carelessness on the part of the administrator. Further, from the experience of hospitals in which a rational method has been adopted and due caution exercised, we are justified in believing that chloroform is as safe in its action as any drug which produces narcotism by mixing with the circulating blood, can in the nature of things be expected to be.

CLINICAL OBSERVATIONS ON THE TREATMENT OF FRACTURES BY THE IMMOVABLE APPARATUS.

By JOSEPH SAMPSON GAMgee, Staff-Surgeon of the first class, and Principal Medical Officer of the British Italian Legion during the last war; late Assistant-Surgeon to the Royal Free Hospital, etc.

Perhaps there is no subject more interesting to the practical surgeon than this of fracture of the limbs. ... This is one of those subjects which has fallen into almost inextricable confusion: none, I believe, requires more to be historically explained. ... It is, I fear, but too certain, that, while more has been written in the last few years than on hernia, bilia
tomy, amputation, or trepan, yet no two books correspond, no two authors agree, even on the general points of practice; and every surgeon, whether in the army or in the navy, in a village or in a city, sits a broken limb, as he writes his name, after a fashion of his own. (John Bell's Principles of Surgery, pp. 490-1. London, 1815.)

This is not the first time I quote the above passage from the eloquent churicgic treatise of John Bell. —a passage so pregnant with truth of the greatest practical moment, that instead of apologising for repeatedly referring to it, I would recommend its study to the commonplace-book of every diligent seeker after truth. Fractures are the surgery of every surgeon's every day. They often involve the life, always the comfort, of the large number of individuals who are afflicted with them; they are attended by the most serious complications. The large amount of valuable experience which might be collected from the fractures in our out-patients' rooms, is but insufficiently used, while the same opportunities, which the very greatesturl call is the case to be afforded for, without such opportunity for display as is afforded by cases in which cutting instruments are employed; and it is to be feared that not sufficient importance is attached to the study, in the period more especially allotted for acquiring a fundamental knowledge of practical surgery.

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