prominent, necessitating its being divided on the right side and pressed down into its place. The steps and mode of operation were similar to those in the preceding one. In this case, I feared that the immediate effects of the operation, and the interference with the infant's limited supply of breast-milk, might jeopardise its recovery; but I was careful to direct that all the milk drawn from the mother should be given to the child. The result was happily very satisfactory, for on the sixth day the infant was able to suck. It now sucks perfectly, and is thriving well. The cleft in the palate, I am able to state, is quite closed, no doubt by the continuous pressure of the united lip.

The first case adds one more to the few recorded instances of newly born infants successfully operated upon for hare-lip. The second shows that, within a few days after operation, an infant is capable of sucking. Indeed, the good results attending these two cases have encouraged me to bring the question of early operation before the profession.

FAILURE OF SALICIN AND SUCCESS OF COLD PACKING IN HYPERPYREXIA, IN A CASE OF RHEUMATIC FEVER.

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IN a recent paper, by Dr. Cavalry, on the "Antipyretic Action of Salicylate of Soda", the following paragraph occurs: "I am not aware of any published cases in which salicylate acid or its soda salt has been employed in cases of fever, rheumatic or other, in which the temperature has reached or exceeded 107 deg.; but my reason for bringing the above case under the notice of the profession is, that it seems to show that we are now in possession of a most valuable remedy for hyperpyrexia, which is usually treated by the cumbersome and tiresome method of cold baths." Having had lately a case in my practice which bears upon this point, I think the occasion suitable for giving my notes of it. On October 14th last, I was called to see an out-patient, Jane L., aged 18, unmarried. I found her to be a strong well-developed young woman, of a dark complexion, complaining of agonising pains in her knees and hip-joints; hot skin, with a small amount of perspiration of slight acid reaction; and an axillary temperature of 101 deg. Fahr. She gave a history of sleeplessness, restlessness, and vomiting of food, after exposure to cold a few days previously. I diagnosed the case to be one of rheumatic fever, which was borne out by the subsequently shifting character of the pains, which afflicted all her joints in turn. Ten grains of compound ipecacuanha powder were ordered, to relieve pain and induce sleep, which she had not enjoyed for several nights; while, in addition, twenty grains of acetate of potash were ordered every four hours. On seeing the patient the following day, I found that she had slept for some hours, the pains were less acute, but the temperature and condition of the skin were much the same.

On October 16th, the temperature being still high, and the pain rather worse, I determined to try the effects of salicylate of soda, of which fifteen grains were ordered every four hours.

On October 17th, considering that the patient had had a fair trial of salicylate of soda, of which she had now taken about two drachms, with the only effect of raising the temperature, she was ordered to be removed to the hospital, where the case could be more closely watched under more favourable hygienic conditions than in her wretched home. Hot fomentations were applied to the painful swollen joints (the shoulder-joints were now the parts most affected). The salicylate of soda was continued, and a mixture of bitartrate of potash, lime-juice, and water was given as a drink, and ten grains of compound ipecacuanha powder towards evening, which had a good effect in relieving the pain and procuring sleep, as the night-nurse on duty reported a tolerably quiet night.

On October 18th, the temperature had risen this morning to 104.2 deg. Fahr. from 103.6 deg. Fahr. on the previous evening. Salicin was now tried in place of salicylate of soda, fifteen grains being given every two hours; but although benefit was hoped for from the change, the temperature stood at 103 deg. Fahr. at eight o'clock P.M., a very slight improvement on that of the previous evening. Cotton-wool had now to be substituted for the hot fomentations, as the patient could not bear even the slight movement necessary for changing them, so extremely painful were the joints.

On October 19th, the temperature was 104.6 deg. Fahr. The dose of salicin was increased to twenty grains every hour, without the slightest good effect, for at two P.M. the thermometer registered 107 deg. Fahr., while the pain was excruciating and the skin burning hot. Salicylate of soda and salicin having thus proved utterly

ineffectual in the reduction of temperature, while the state of the patient had become critical, I determined to have recourse to cold-packing. A bed was covered with a sheet of Macintosh cloth. Upon this was spread a blanket, wrung out of very cold water, in which the patient was closely enveloped; and another blanket, prepared in the same way, was laid over her. The pain seemed to be relieved almost immediately, as she said that she felt "nice", and in an hour the temperature had fallen three degrees. As the blankets had now become warm, fresh cold ones were substituted; and at 4.30 P.M., two hours after the first application, the temperature was as low as 101.6 deg.; at 5.40 P.M., it had still further fallen to 101.2 deg. The cold-pack was now discontinued, and the patient transferred to a dry warm bed, a hot bottle being applied to her feet. She soon fell into a sound sleep, and at 7.10 P.M. the temperature was 100.6 deg. At 8.40 P.M., unfortunately, it had risen to 101.6 deg., reaching 102.3 deg. at ten o'clock.

October 20th. The patient had passed a tolerably good night, and took her beef-tea and milk well, but the temperature had risen to 105.6 deg. The skin was very warm, and the joints red and swollen, but not painful. Salicin was again administered in twenty-grain doses every hour, in the hope of at least preventing any further rise in temperature; but at noon, the temperature was 105.8 deg.; and at 3.50, 106.8 deg., while the patient was imploring a reapplication of the cold. I, therefore, decided to acquiesce in her wishes; and at 4.5 P.M. the cold-pack was reapplied, with the beneficial effect of reducing the temperature to 102.2 deg. in about one hour, while at 6 P.M. it was as low as 100.6 deg. The cold pack was then discontinued. After about an hour, the temperature began to rise, and at 11.30 P.M. reached 104.4 deg., notwithstanding which, the patient felt well and free from pain, and slept well through the night.

October 21st. Temperature at 8 A.M., 104.1 deg., from which it gradually fell to 103.2 deg. at night. After this date, the case presented no special point of interest, the temperature gradually falling day by day till it reached the normal on November 2nd.

Throughout the case, there was no cardiac complication. The patient is now perfectly well.

Having had very good results in some other cases from salicin and its salts, I watched this case with special interest, as it seems to prove that the medical man must not trust to one course of treatment, but be prepared to fall back upon others which may appear too heroic for ordinary use.

THE ADVANTAGES OF ETHER AS AN ANÆSTHETIC: WITH A DESCRIPTION OF A NEW INHALER.

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THE power of various substances to produce insensibility has long been known; and in all ages certain narcotic preparations have been employed to produce a more or less unconscious state so as to lull the pain during the performance of surgical operations. It is needless here to enumerate the different anæsthetics employed; their advantages and disadvantages are all doubtless well known. But what seems to interest the profession most on the subject in the present day is the vexed question, What substance have we that combines—1. Safety to the patient; 2. Rapidity in action; 3. Ease of application and portability; 4. Economy of first cost? On each of the following heads, I would wish to make a few observations.

1. As regards the anæsthetic safest to the life of the patient, few operating surgeons cannot but be aware of the startling fact that week after week, in the columns of the various medical journals, their attention is arrested by a paragraph headed "A Death from Chloroform"; and, taking into consideration the number of deaths attributable to the use of that drug that are never recorded which occur in private practice, a high percentage of mortality must of necessity exist. And even surgeons of lengthened experience who are wedded to the use of chloroform, and who believe that there is no danger in it when properly administered, because they were fortunate enough never to be present at a fatal result during the administration of the drug, must, however, have seen hair-breadth escapes, when dangerous syncope, pallid cheeks, imperceptible respiration have resulted, and the patient only recovered from the jaws of death by the use of artificial respiration, galvanic battery, ammonia, inversion, and other means resorted to during those apprehensive moments: a time of the most painful anxiety to the surgeon, to say nothing about the delay in the operation, the appearances to the attendants, friends, etc. Such consequences,