THE CHOICE OF AN ANASTHETIC

Sin,—Will you kindly inform me with whom the responsibility and choice of an anæsthetic lies—the operator or the administrator? I say the latter, but have been led to believe that the surgeon usually decides. My reason for asking is, that I prefer chloroform to ether.—I am, sir, yours obediently,

_ The responsibility in question falls upon the anæsthetist, and the choice of the anæsthetic should, therefore, rest also with the administrator. The surgeon, in our experience, usually leaves to the administrator the choice, and does not particularly care what vapour is used so long as his operation is rendered painless, and the patient recovers from the anæsthesia without accident of any kind. The choice of the anæsthetic, however, which depends upon many different conditions—the age of the patient, the nature of the operation, etc.—is generally a matter of amicable arrangement between the operator and administrator. Our correspondent appears to fear that his choice may not be acceptable to every surgeon, and wishes, perhaps, to enlist some authority on his own side, in view of a future possible divergence of views. May not the fear of such conflict arise from an apprehension that his preference of chloroform to ether is not now generally entertained by surgeons, at any rate, for operations upon adult patients? And, if this be so, would not our correspondent do well to endeavour to assimilate his views to the opinions of those who often have the choice of an anæsthetist, even if to the latter gentleman belong the selection of the angesthetic to be used?

CERTIFYING FACTORY SURGEONS.

SIR,—Could you, or any of the readers of the JOURNAL, let me know how certifying factory surgeons are appointed? Is it by seniority in age, or residence, or qualifications? or has influence anything to do with it?—I am, etc.,

MEMBER BRITISH MEDICAL ASSOCIATION.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

HE following were the questions in Surgery, Medicine, and Midwifery, submitted to the candidates at the final examination for the membership on January THE following were The following were the questions in Surgery, Medicine, and Midwifery, submitted to the candidates at the final examination for the membership on January 20th. Surgical Anatomy and the Principles and Practice of Surgery. (Four questions at least to be answered, including one of the first two.) 1. How would you amputate the thumb at its carpal articulation? What parts would be divided in the operation? 2. Give the attachments and relations of the scalenus anticus muscle, with special reference to ligature of the subclavian artery. 3. You are called, four or five days after its infliction, to a case of punctured wound of the palm, which was attended at the time of the accident with copious hemorrhage. This being repeated, what modes of treatment are open for adoption? State your reasons for the particular method which you would select. 4. What are the causes of gangrene? How is dead tissue separated from the living? 5. What are the xarietics and complications of compound fracture of the tibia and fibula? How would you treat them? 6. Describe the symptoms, treatment, and prognosis of foreign bodies in the pharynx and cesophagus.—Principles and Practice of Medicine. 1. Describe a fit of ague. Point out the tiology, varieties, pathological effects, and treatment of this complaint. 2. Give an account of the causes, morbid anatomy, symptoms, and treatment of acute peritonitis. 3. Describe the physical signs of (a) pericardial effusion, (b) emphysems with chronic bronchitis, (c) cancer of the liver. 4. Mention the important ingredients in the following officinal preparations, and indicate briefy their actions and therapeutic uses, with their doses:—Confectio sulphuris, liquor arsenicalis, mistura ferri compositus, pulvis elaterii compositus, supinitus ammonie aromaticus, and thectura colchici.—Midvifery and Diseases of Women.

1. Describe the mechanism of labour, with the head presenting in the right oblique diameter and the occiput posterior. 2. What is the meaning of the terms "uterine inertia" and "tonic contraction rhagia? How would you treat them?

Hospitals for Morphinism.

Sir,—I observe that one of your correspondents has inquired as to the existence of any hospitals for the treatment of morphinism, and your answer agrees with the result of my own inquiries, that there are none in this country. Yet it is to be feared that cases of morphinism, resulting from the abuse of hypodermic injection and the taking of chlorodyne and other opiates, are of frequent occurrence, and are becoming more common every day, as is the case also with chloralism. The first step in the treatment of such cases, as in common alcoholic inebriety, is to remove the patient from all the surroundings which are associated with the formation of the habit, and to launch him on an entirely new career of healthy physical and mental occurations. I have been accustomed to sociated with the formation of the mant, and to latinch min on an entirely new career of healthy physical and mental occupations. I have been accustomed to take, or to send, under suitable medical supervision, such patients to travel abroad; but this, though attended, almost invariably, with good results, is a very expensive line of treatment; and, moreover, it is not the best which might very expensive line of treatment; and, moreover, it is not the best which might be adopted if suitable means for isolating and treating the patient existed at home. It may interest your correspondent to know that there is a scheme on foot, at the present time, for establishing a private home for young men of intemperate habits, in a good house on the banks of the Thames, a short distance from London, but isolated from all town-associations, where boating, fishing, riding, driving, lawn-tennis, gymnastics, billiards, and other healthy outdoor and indoor occupations can be carried on; and also, when necessary, the higher branches of education and preparation for examinations can be pressed forward simultaneously with medical treatment. It is intended to meet the case of many young men whose bad habits are of short duration, and are, therefore, easily curable.—Your obedient servant,

OATMEAL FOR CONSTIPATION IN CHILDREN.

Sir.—I have always found a 'tablespoonful of fine bran in bread and milk, night and morning, to be the best method of combating this troublesome ailment, and it is very useful in conveying to the child silica and phosphates. The bran should be allowed to soak in the milk, and then, when warmed up to a little below boiling point, it should be poured on the bread.—Yours truly, 124, Fulham Road, S.W.

V. POULAIN, M.D.

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BOOKS, ETC., RECEIVED.

Helps to Health. By H. C. Burdett. London: Kegan Paul, Trench and Coan

Year-Book of Pharmacy and Transactions of the British Pharmaceutical Conference. London: J. and A. Churchill.

Photo-Micrography. By A. C. Malley. London: H. K. Lewis. 1885. Dental Surgery. By A. W. Barrett, M.B. London: H. K. Lewis. 1885.

Bodily Deformities and Their Treatment. By H. A. Reeves, F.R.C.S.E. London: H. K. Lewis. 1885.

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