

what risk, and of incurring the contempt of all plain-dealing men. The effect on the hospital itself is deplorable, for we do not see how any physician of self-respect can hold a position in it.

The protest reads as follows : —

TO THE MANAGERS OF THE PRESBYTERIAN HOSPITAL :

GENTLEMEN, — We, the undersigned, members of the medical profession in New York, have learned with deep regret the late action of your board, whereby you have dismissed from your hospital four members of the visiting staff without assigning any ground for such a course. So far as is known, these gentlemen were fully competent for the positions which they held, and discharged their duties with diligence and skill.

We believe that you have failed to realize the full character of your action. In summarily discharging these gentlemen you in effect proclaim your opinion that they are unfit for the positions which they held. By so doing you incur the responsibility of seriously injuring their reputation ; and you have taken this grave step without preferring any charges, or assigning any reason for so doing. We believe you will admit that while you have acquired certain rights in assuming the position of managers of a hospital, you have also incurred certain obligations. While it is your right to appoint and dismiss the medical staff, it is also your duty to exercise this right for the best interests of the hospital. It is evidently your duty to obtain for the patients under your charge the best medical and surgical skill which our profession affords. We can hardly believe that any physician or surgeon of reputation will serve in any institution from which he is liable to be discharged without just grounds.

We believe, therefore, that both as members of the medical profession and as citizens we are justified in asking that you shall make public the reasons for your late action. If these gentlemen have in any way shown themselves unfit for their positions, let the facts be made known. If they have been discharged simply from caprice, they have a right to demand that this shall be made as public as their dismissal. We have the honor to be, very respectfully, your obedient servants.

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### A REPUTED DEATH FROM ETHER.

It seems that our English friends do not yet understand ether ; nor do they, if we may judge from the following statement, appreciate the importance of the pulse as a guide in its administration.

From the *British Medical Journal* of May 1st we take the following account of the death, after the administration of ether, of a strumous boy, in whom chloroform had previously produced unfavorable symptoms. The absolute importance of the indication to be derived from the pulse, which was neglected in this case, is familiar to our own medical community, whose attention was called to it in 1846, almost as soon as surgical anæsthesia was invented. In regard to this case, we have no hesitation in affirming one of two things : either that the pulse did give ample and timely warning of danger by becoming gradually weaker ; — or, that if it ceased suddenly with syncope, imme-

diate measures would have revived the patient. As it was, nobody seems to have known when the heart ceased to beat. It is no exaggeration to say that at the Massachusetts General Hospital, in the case of a delicate child like the one in question, the pulse would have been kept in hand during the *whole* anæsthetic process.

"J. F., a delicate, timid boy, aged sixteen, had long suffered from strumous disease of the bones of the feet. He became an inmate of the Manchester Workhouse Infirmary last autumn. On September 25th last Dr. Hardie removed the right foot at the ankle-joint, chloroform being administered. He bore the anæsthetic well. On October 29th the cuboid bone of the left foot and the metacarpal bone of the left thumb were excised. On this occasion chloroform was again administered. When the operation had been completed some alarming symptoms showed themselves, namely, fixed dilated pupils, feebleness of pulse, extreme pallor, and absence of respiration. These quickly passed off on the tongue being forcibly drawn forward, cold water sprinkled over the face, and galvanism applied to the phrenic nerves. On the third of the present month, bare bone having been found to remain in the unhealed wound of the thumb, the boy was again placed on the operating table, having previously been given an ounce of brandy. He was asked to have the trifling operation performed without an anæsthetic, in order to test his probable endurance: but, the patient beginning to whimper, Dr. Hardie stirred a probe about in the wound. This caused him to cry out, and ether was administered by Dr. Hardie, who poured about four drachms on a piece of lint, which was placed in a folded towel and held pretty closely over the face. He inhaled the vapor more quickly than usual, there being no coughing and but little struggling. In about four minutes from the commencement of the inhalation, and before any fresh ether was poured on the lint, he was apparently ready for the operation. Immediately afterwards, before the operation was begun, Dr. Hardie observed the respiration, which he had been closely watching, suddenly cease, and at the same instant an extreme pallor came over the face, and the pupils became widely dilated. At the moment when these symptoms appeared he had not his finger on the pulse, nor did he feel for it before resorting to remedial measures. Mr. Pountney, the house-surgeon, however, on placing his finger over the radial artery, when Dr. Hardie gave the alarm, found it to be imperceptible. Dr. Hardie immediately pulled the tongue forcibly forward, but without effect. The poles of a battery standing in readiness were then applied to the phrenic nerves, and only induced three or four gasping attempts at respiration. Nélaton's method of suspension by the feet was then resorted to, without the slightest avail. Indeed, beyond the gasps induced by the application of the battery, there was not the smallest response to the efforts towards reanimation. After twenty minutes these were discontinued."

A post-mortem examination revealed nothing abnormal, if we except a "commencing amyloid degeneration of the spleen." "The ether used was Robbins's ether for local anæsthesia." We assume this to have been pure ether.

Since the above was written, we find in the *British Medical Journal* of May 8th, page 616, the statement that "Robbins's ether is vaunted as being a compound ether of low specific gravity and boiling point, and is expressly

made for producing local anæsthesia. Now, in this ether, when inhaled, I can well imagine we have elements of danger. Having some in my possession, I took its specific gravity, and found it .622, and, on comparing it with some of the ether I have mentioned, it was evidently far more volatile; in fact, though analogous to sulphuric ether, it is by no means the same compound, but we have instead a light compound ether, extremely volatile and diffusible, inhaled 'more quickly than usual' by a patient who has some months before shown dangerous symptoms under chloroform."

In this country our purest commercial ether is Squibb's, which is less agreeable for inhalation than ether of not quite so high proof. Squibb's ether is rendered less pungent by thoroughly wetting the sponge on which it is administered. This also increases the capillary attraction of the sponge, and makes it hold the ether better.

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### IODIDE OF POTASSIUM IN SYPHILIS.

DR. JOSEPH R. BECK contributes to the *Philadelphia Medical Times* of March 13, 1875, a paper on the use of iodide of potassium in syphilis. He states that he has not made use of mercurials in the treatment of syphilis for a long time. Notwithstanding that secondary symptoms rapidly disappear when mercury is employed, he claims we have only succeeded in such cases in masking the disease, and that after a time tertiary symptoms are sure to follow. To use his words, "Every case of secondary syphilis which has been successfully (?) treated by mercurials will, as surely as the sun rises, reappear as tertiary syphilis if the patient lives long enough." Syphilis, either secondary or tertiary, cannot be radically cured in a few weeks or months, but requires a year or more of careful treatment. Dr. Beck implies that secondary syphilis can be so successfully treated by the iodide of potassium as never to recur in its tertiary form.

For the cure of syphilis by the iodide of potassium very large doses must be employed. He prescribes seven drachms of the iodide, and four drachms of the ammonio-citrate of iron in an eight ounce mixture, and gives a table-spoonful before each meal. Fowler's solution of arsenic (one drachm three times a day of an eight ounce mixture containing three drachms of the solution) is also prescribed, and if anæmia be present, one grain of quinine and two of pulvis ferri are given every three hours; also cod-liver oil with fluid extract of valerian. If ulcerations be present, he brushes over them three or four times a day a solution of hydrate of chloral, one part to two of distilled water. Such are the first prescriptions. In each of the succeeding prescriptions, one drachm of the iodide of potassium should be added to the formula, and the dose of Fowler's solution is to be augmented by one half a drop. "The iodide should then be carried up drachm after drachm in strength with each successive prescription, until we reach twenty or twenty-five drachms' strength to the formula, or as much as is necessary, taking care to order the increase made only with each succeeding fresh prescription." The arsenic is increased until a dose of five drops of Fowler's solution is attained, when it is