

sion presages mischief, nothing is better than to trocar, aspirate, or to make subcutaneous puncture. When ice or puncture have relieved immediate symptoms, immobilization should be complete; this is to be secured by plaster of Paris bandages. It is always unwise to immobilize before the full extent of swelling has been reached, else trouble will occur and the anxieties of the patient will result in calling another physician. With swelling reduced and the joint immobilized, how long shall joint fixation last? Until every vestige of inflammation is removed. How can this be determined? By point pressure on the environs of the joint.

**NARCOSIS IN OBSTETRICS.**—Dührssen, (*Berliner klin. Woch.*), states that an anesthetic is of great value from a diagnostic as well as a therapeutic standpoint. The patient is often much excited, and can be quieted by a few drops of chloroform, while certain important factors are being ascertained, such as the frequency of the foetal heart sounds. Often in primiparæ it is only by the aid of anæsthetics that the obstetrician can assure himself whether the head has already entered the pelvic cavity. Anesthesia is valuable for the prompt diagnosis of occipito-posterior and transverse positions. In those explorations where the entire hand must be introduced into the cavity of the uterus, anæsthetics are indispensable. Therapeutically, anæsthesia is needed for turning, especially in combined and external version, for detaching adherent placenta, manual removal of ovum and membranes in abortion, reposition of impacted tumors during birth, the management of prolapsed foot in breech presentation, and turning in incomplete dilatation of the os in multiparæ. In irregular contraction of the uterus, chloroform often hastens labor. Dührssen considers sepsis a contra-indication for anæsthetics, and deep or long-maintained narcosis as dangerous in cases of eclampsia. It should only be induced in such cases to facilitate rapid delivery by operation. Tetanus uterij is also a contra-indication. In acute anæmia a very little chloroform will take effect. When chloroform is given Dührssen advises the obstetrician to get the patient well under, and then to leave the mask in charge of the midwife, who must, from time to time, pour a few drops into it.

**THE PRESENT POSITION OF ANTISEPTIC SURGERY.**  
—From time to time it is not only interesting,

(*Ex.*) but is also a necessity to take an occasional retrospective glance through the near past, and, as it were, compare notes and see where we stand. Just now, that sufficient time has elapsed, we may inquire: What is the precise, definite position of antiseptic surgery? The medical side of the question we will give our attention to later. We believe, from what can be gathered from the latest literature on the subject, that antiseptic surgery, as taught and practiced as recently as five years ago, is now something of the past. When Lister introduced the spray, and argued with great force the importance of purifying the atmosphere of the operating room, and seeking out the stray germs, lodged in sundry recesses of one's apparel or surroundings, Lawson Tait, with stinging sarcasm, recommended that the nozzle of the apparatus would do the most good when pointed out through the window. The spray went. Reports commenced to come in that antiseptics must be eschewed in the surgery of the peritoneum. It was discovered that traumatism penetrating the skull and involving the brain, when treated antiseptically, were attended with a terrible mortality, through a consecutive, irritative meningitis. Antiseptic irrigation of the pleura, in empyema, is no longer employed by French surgeons. Bichloride solutions, when used in amputation, though they favor prompt union, are said to cause, very often, painful, useless stumps, through an insidious osteo-myelitis which they excite in the cellular elements of the cancellus bone substance.

**DENTITION FEVER.**—Müller says that there is a great difference of opinion now existing as to whether there is really a fever depending upon the dentition or not. He believes, from observation, that certain cases of ephemeral fever occur, in which the most scientific examinations fail to show lesion, except eruptive teeth, and the fever rapidly disappears upon lancing the gums. The following is his method of gum-lancing: An assistant fixes the shoulders and legs of the child, while a second fixes the head. The index finger of the left hand is pushed between the jaws, and the tongue pushed somewhat aside. Then with a scalpel laid flat on the tooth he cuts off the little cap surmounting the point of the tooth (this can be easily discovered by the paler character of the gum in this position), or he makes parallel or cross cuts over the top of