

under the original plan. The operator stands to the left of the patient and presses the thumb deeply at a point midway between the apex beat and the edge of the sternum, repeating the process about 120 times a minute. Almost at once the dilated pupils contract, and the presence of an artificial carotid pulse can be felt. After a time spontaneous respiratory effects are noticed, which are the signal for discontinuing the pressure and the artificial respiration, so long as the contraction of the pupils is maintained and the respiratory effects do not again cease.—*West Medical Reporter*.

AS a fitting sequence to the above editorial comes the following, in a later number of the same journal :

“OPERATING UNDER GLASS.—Some surgeons, especially those abroad, whose antiseptic technique has reached such a fine state of elaborateness, will probably be glad to hear that quite a novel suggestion has just been carried out to keep lively germs from feasting in wounds made by operators. We learn that the faculty of medicine at Madrid have just inaugurated a new antiseptic operating theatre, to which the cognomen ‘Quirofano,’ or ‘Transparent surgery,’ has been given. The principle is novel. The spectators are separated from the patient and the surgeon and his assistants by a wall of glass, through which it is possible to follow the details of the operation and to hear the remarks of the professor. Everything, saving what is absolutely necessary, is, by this means kept isolated from the patient. Before very long, perhaps we shall hear of operations being done under glass; that is to say, of every ideal operating theatre being provided with a glass chamber fixed in the centre of the floor—a sort of antiseptic conservatory, where the surgeon and his assistants can shut themselves in with the patient until the operation is completed. The transcendental antisepticism of some antiseptic enthusiasts is apparently illimitable, but there are grounds for astonishment that this latest antiseptic novelty should have originated in Spain, where, judging from past experience, the antiseptic treatment of wounds has never been much in vogue.”

Superficial show seems to take the place of depth of mind and common sense in these later days. After the ovary craze came the appendix craze, and now it seems as if we were drifting into a craze for stitching movable kidneys. What next?

BREVITY IN MEDICAL LITERATURE.—In an editorial in the *Medical Press* you will find the following: “Attention has recently been drawn to the want of condensation in medical articles. A physician has to report a case or read a paper at a medical meeting, and he too often thinks that he will be heard for his much speaking, and feels dissatisfied if his contribution to medical science has not occupied at least half an hour in the reading. We find the chaff round the proverbial grain of wheat in more than usual abundance in those who commence their paper with numerous extracts from text-books and a wearisome statement of details of the case, and compliments to those who saw the case, from the clinical clerk and the trained nurse to the distinguished colleagues who fully approved and coincided with the treatment of the case by the eminent physician who elaborated the paper. Hardly worse is the brilliant operative surgeon who gives the regional anatomy