vical canal mild negative currents will relax it. When endometritis is accompanied by amenorrhœa the negative pole in the uterus has an equal absorbent action with the positive and, besides, it has the faculty of bringing on the flow again. In applying electricity to adhesions it is a good plan to insert a cotton wrapped electrode, dipped in salt and water, high up into the posterior vaginal cul de sac, and to place the other pole on the abdomen. In a case such as you describe, a current strength of sixty or seventy milliamperes is quite sufficient.

2nd. In non-malignant and non-specific glandular swellings, *v. g.*, orchitis, goitre, &c., a continuous current of twenty or thirty milliamperes generally gives marked relief. It is not necessary to puncture.—[ED.]

THE CHOICE OF AN ANÆSTHETIC.

Although no one subject in the domain of medicine has been so thoroughly discussed as this, there still remains, it seems, much to be learned. In some countries chloroform is the only anæsthetic used; in others, ether alone is employed. It is pretty generally admitted that the latter is eight times safer than the former, but, unfortunately, ether has its drawbacks, the three principal of which are its tendency to congestion of the air tubes, of the kidneys, and what is most important to the one who administers it, although not a very valid objection against it, the long time it takes to get the patient under the influence, or, as it was recently put by a surgeon when asked why he used chlorform when he knew ether was so much safer, and who replied by asking another question: "Why do not people travel in stage coaches instead of railway trains, as the former are far safer. Another writer in the *British Medical Journal* considers it nothing short of downright blind obstinacy or recklessness to adopt the most dangerous anæsthetic alone. In abdominal operations, ether has another great disadvantage, that of causing severe vomiting afterwards, which puts so great a strain upon the sutures that the included tissues are bruised, which is probably the cause of abscesses following in their tracks. All these dangers and difficulties may be avoided by the adoption of the *A. C. E. Mixture*, which was first brought before the notice of the profession in Canada by the editor of this journal in a paper read before the Medical Chirurgical Society, which was based on the experience of one hundred cases. Since then we have used it constantly with the most satisfactory results, and many of our *confreres* inform us that they are equally pleased with it. Others, however, have ventured to use instead the Vienna mixture, which is not an *A. C. E. Mixture*, but an A. E. C. Mixture, that is to say, the mixture we recommend contains *one* of alcohol *two* of chloroform and *three* of ether, while the Vienna mixture contains *one* of alcohol one of ether and three of chloroform, in using which, for any length of time, patients' color is often found to be bad. Of course the fact of it containing one-half instead of one-third of the dangerous element, chloroform, renders the Vienna mixture less safe than the *A. C. E. Mixture*. The proper formula is easily remembered by putting *one, two, three* under the *A. C. E.* With the *A. C. E. Mixture* the patient goes under it quickly without excitement, the pulse remains good, the breathing natural, and if the patient has been properly prepared, there is an entire absence of vomiting either during or after the operation. Another advantage is the rapidity with which the patient throws off its effects. Dr. Spendlove of Montreal, who has used it exclusively for several years past, writes:

"In reply to your question regarding the use of the A. C. E. Mixture, I beg to state that I have used it almost exclusively as an anæsthetic for the past four years and find it eminently satisfactory. To avoid vomiting, I have found it best to have the mixture freshly prepared, and to bring the patient under its influence as speedily as possible."