

usually completely cover them, must cause some deformity in the female. For this reason, I would only advocate an external incision or incisions in cases which cannot be successfully treated by other means. In the removal of the tongue, or portions of it, and in some cases of tumour of the jaw, I always now bring the ends of the divided jaw together by means of the wire suture; and my experience of this method is, that it is safe, efficient, and easy of application. Since writing this, Mr. Mason of St. Thomas's Hospital has been kind enough to direct my attention to the ingenious method of employing the wire suture in bringing the end of bones together, practised by him (*Medico-Chirurgical Transactions*, vol. liv). His method allows the wire to be easily removed at any time, and is, therefore, to be preferred to that which has usually been employed, should the case admit of the needle being passed in an oblique direction through both ends of the bone.—*British Medical Journal*.

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*The Use of Sulphuric Ether as an Anæsthetic.* By THOMAS KEITH, M.D., Surgeon for Ovarian Disease to the Royal Infirmary, Edinburgh.

I ought ere now to have communicated to the JOURNAL my experience of sulphuric ether. I have given it in ovariectomy and other prolonged operations or whenever it was necessary in feeble patients to give an anæsthetic, ever since the beginning of 1867, when I doubt if anyone used it in this country except myself.

In giving an account in the *Lancet*, August 1870, of my second series of fifty cases of ovariectomy, the following remarks were made.

“In Case LII, the excessive chloroform vomiting during the operation, and for some time after it, so prostrated the patient, that her chance of recovery was lost. In the early cases, I have frequently had to deplore the injurious effects of chloroform vomiting in ovariectomy, and so evident was