to have a special death-rate of their own, viz., gauze packing, iodoform gauze, long incisions, and the expenditure of time in unnecessary detail of work, one hundred consecutive operations were published with a 2 per cent. death-rate. The author does not favor the removal of the normal appendix in the course of other operative work, and he now uses a cigarette drain in all cases in which pus or septic debris have been left in the peritoneal cavity. The dictum of operating as soon as the diagnosis is made holds good, with certain exceptions, but it is still a question what to do with patients who are convalescing from the attack. In interval cases it now seems best to operate only when on palpation the appendix is found to be the definite seat of chronic infection or of adhesions which cause symptoms.—*Medical Record.*

Cerebro-Spinal Meningitis.

N. B. Foster, in the *American Journal of the Medical Sciences* for June, believes that in cerebro-spinal meningitis there is no method or drug that has any apparent affect on the course of the disease. Efforts toward decreasing the suffering of the patient and preserving his strength is the most we can do at present. The patient should be isolated; the room should have free ventilation and be somewhat darkened. Restraint is nearly always necessary to prevent self-injury, and this is best effected by passing a folded sheet around the back of the neck, and under the arms anteriorly, the ends being tied to the sides of the bed. The ankles are thickly padded with cotton-wool, and bandages passed over this, and made fast to the bed. Of medicinal treatment the most important indication is for sedatives, and of these opium is doubtless the best. In some cases of extreme delirium, huge quantities of the drug may appear to produce no effect; bromides and chloral may be added to morphine, but his experience has been that there are cases in which the delirium and convulsive seizures cannot be controlled by drugs in doses within the bounds of safety. Under such circumstances a do-nothing policy is best. The delirium *per se* is not an indication for treatment of any sort, but the ceaseless activity that attends it is very wasteful of the patient's vitality. Potassium iodid has been used largely in this disease, but he has never noted any influence on the course of the disease. He is convinced that lumbar puncture has a therapeutic as well as diagnostic value. In all cases in which the symptoms have persisted for more than a few days, he is accustomed to perform lumbar puncture every two or three days. He has observed (1) lessening the delirium when delirium was present,