

the stage of excitement it is unwise to hold the patient down too forcibly. The patient should feel that he has met an inanimate object, and not a human adversary to whom he can show fight. Souther calls attention to the various reflexes which should be watched, and to the methods of resuscitation. He also mentioned briefly the treatment of patients after anesthetization.

Inflammatory Conditions of the Appendix.—H. Robb, Cleveland, Ohio (*St. Louis Medical Review*, July 8th), states that in a long series of abdominal operations he has made it a routine procedure to examine the appendix, and if he finds it diseased, to remove it, the patient's condition permitting. In 1,000 abdominal sections for pelvic disorders Robb failed to find positive evidence that in a single case the appendix was the primary seat of disease. Of 370 appendices removed and examined microscopically, 103 were normal, 46 showed signs of a chronic and 1 of acute inflammation. In 88 cases there was a hypertrophy of the subperitoneal or internal coat, or of both coats. In 66 cases the changes were of doubtful significance. In 36 cases the lumen was occluded, in 16 dilated, in 12 the appendix contained concretions, in 1 case the appendix was cystic and had undergone myomatous degeneration, and in 1 case no lymphoid tissue was present.

Laryngeal Diphtheria.—In a paper with this title, by O. H. Wilson, Nashville, Tenn. (*Interstate Medical Jour.*, St. Louis, June), the object is to emphasize the importance of early mechanical relief when mechanical obstruction threatens life. It is wrong to delay until the pressure is marked. Rapidity of progress is the characteristic feature of this form of diphtheria. Intubation is not a difficult procedure, and can be learned easily by practice; yet in no other operation does skill show to better advantage. An early operation, though possibly awkward, is better than waiting to give a moribund patient to an imported consultant.

Cesarean Section in Late Labor.—R. W. Holmes, Chicago (*American Journal of Obstetrics*, New York, June), believes that this procedure is not a justifiable one, and that the appropriate time for abdominal hysterectomy is at term before labor has begun or not long after active contractions have been in progress. The contraindications to the Cesarean section in late labor centre in the following facts: Prolonged labor lowers the woman's resistance to shock; conduces to atony of the uterus, therefore to hemorrhage, occasionally necessitating hysterectomy; it develops certain effete substances, which are eliminated more slowly than they are produced, and which lower immunity by a species of autointoxica-