and treatment directed towards the amelioration of the general health and the removal of the causal condition, are more likely to be followed by good results than more specific measures.

Arsenic and iron are not so clearly indicated as in most other anæmias. They may do good, but they should be employed with caution. The application of *x* rays, in our experience, does more harm than good. Splenectomy is not to be entertained. The enlargement of the spleen persists long after the anæmia has been cured. A greatly enlarged spleen may not become impalpable till after a year has elapsed.

Cowan has reported two cases in which the condition appears to have passed into the adult form of splenic anæmia. *G. L. Gulland*
A. Goodall

ANÆSTHETICS.—The data required for arriving at an accurate forecast as to risk to life under anæsthetics and analgesics are at once difficult to obtain and still more difficult to apply to any individual case.

Factors other than the Patient. The Anæsthetic. If we employ the statistical method, an examination of the figures upon which conclusions are based as regards any given anæsthetic reveals their fallacy. For example: Although it is true that the death-rate under *chloroform* is put at about 1 in 3000 when statistics collected from various sources are added together, yet, if we accept this estimate as approximately true, we do not learn anything about the expectancy of life in any given case. If we analyze the figures which make up the total, and study the question of the person administering the anæsthetic, we find that the expert's return of deaths falls enormously below the maximum. In different countries, again, we are given widely different figures. Those of the late Col. Lawrie, in the case of a considerable number of operations upon natives in India, present a far lower death- and danger-rate than those of other men of experience in other countries. We learn that he restricted the employment of anæsthetics, selecting cases which were peculiarly favourable to the method employed, and he avoided the profound narcosis called for in modern surgery during prolonged operations. The figures, therefore, are not concurrent with those obtained under ordinary conditions.

In the case of *ether* we find equally discordant results. One fact stands out prominently—that in countries or districts in which chloroform is mainly used, while to employ ether is the exception, the death-rate under the former is lower than in places in which ether is most in favour and chloroform is seldom relied upon.

The actual quality of the anæsthetic cannot be ignored. When impurities exist, danger prevails. Preparations allowed to be exposed to light and air for a considerable time become altered in their chemical composition, and various by-products of decomposition develop.

The Anæsthetist.—In individual hospitals we find that the death-rates differ: and when we investigate the possible reason for this, we find that the death-rate varies directly as the type of the anæsthetist.