virus on agar in a Petri dish show enormous colonies, as said before, of pus-organisms. At the end of the week the number of these colonies is found to be less, so that by the end of a month the material is found to be sterile, showing the germicidal and preservative action of glycerin.

Here, then, let me call attention to the comparison of virus collected on points and the glycerinated virus, and show why the former should not be used when the latter can be obtained.

In the first place, the quantity of virus obtained on a point is uncertain, and in the second place, it is unavoidably infected with extraneous organisms; further, where point virus is obtained, makers are said to wait until the seventh or eighth day of the vesicular development in order to collect enough serum to make the process pay, when by this time it is well infected by pus-organisms.

At the end of the month the glycerinated virus is sealed in tubes or Sternberg bulbs for the market.

Although the Health Board of New York City antedates Dr. Slee by several months in the production of glycerinated pulp virus, still it is to him that the credit belongs of preparing it in quantities large enough for commercial uses.

The United States Army, which has been using the preparation during the present war, is supplied now only with virus in tubes or bulbs, the medical authorities realizing the superior value of a glycerinated virus.

This paper is presented to the profession, feeling that might interest such as were not acquainted with the modern production of vaccine virus.

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## NAUSEA OF ANESTHESIA.

Nausea and vomiting following anesthetics is sometimes a distressing as well as dangerous condition, and it behooves us to avoid it as far as possible, not only for the comfort of the patient, but for the reason that in serious surgical inteferences it may place life in peril.

Says the *Therapeutic Gazette*:—"Blumfield, in the London *Lancet* of September 23, 1899, observes that some of the chief points to be attended to in the avoidance of after-sickness are: 1. Use as little of the anesthetic as possible consistent with perfect anesthesia. 2. Wash out the stomach at the close of the operation when much mucus has been swallowed. 3. In long operations, substitute chloroform for ether after three-quarters of an hour. 4. Move the patient about as little as possible during and after operation. 5. Place him on his right side in bed, with the head only slightly raised. 6. Give nothing but hot, thin liquids in small quantity for at least eight hours after. 7. Do not alter the temperature of the room for some hours. With proper attention to these points, one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all, in administrations up to twenty minutes, or not much longer, sickness will be found to be the exception."

I have for some time given Ingluvin in liberal doses (10 to 20 grains) just prior to the anesthetic, and have been favorably impressed with its