means slight advantage, since a tracheotomy-wound is necessarily an infected wound, adding greatly to the dangers of the principal wound. 3. There is little difficulty in giving the anesthetic. 4. The mouth being gagged open, if the operation is intra-oral, the interior of its cavity can be seen very readily, especially if with the gag a tongue-depresser is used. If not, then the tongue is controlled by a ligature passed through it. The soft palate can be lifted by a blunt hook, and adenoids removed from the vault of the pharynx with the aid of sight as plainly as if they were on the face. The arches of the palate, tonsils, the posterior wall of the pharynx, the roof of the mouth, cheek, etc., can always be seen and reached with that certainty which accompanies sight. A forehead electric light is of great assistance. 5. There is no spitting of blood into the face of the operator, and therefore no interruption of the operation. The author also incidentally alludes to the use of a slight Tredelenburg position in the removal of the breast, Estlander's, Schede's, or other operations on the chest, in all operations about the shoulder, neck or head. Soiling of the night-dress, underclothes, blankets, etc. is thus avoided.—*American Medico Surgical Bulletin*, Feb. 10, 1898.

POST-OPERATIVE INTESTINAL PARESIS FROM NERVE INJURY.

Dr. E. McGuire, of Richmond (*Virg. Med. Semi-Monthly*, Oct. 22, 1897), calls attention to and reports several cases briefly of the foregoing, which came under his care. The importance of post-operative ileus from nerve-injury has not received the attention that it should; one reason is that it is generally confounded with some other variety, especially the sceptic form, which is often added to the former in a few hours if not relieved. The nervous distribution of the intestinal canal being derived from the solar plexus, its impressibility and sensitiveness are not excelled in any part of the body, and it is little to be wondered at that over-stimulation from injury to the peritoneum is followed by a paresis of the muscular coat of the intestine to which the afferent or motor nerve is distributed. The wonderful inhibitory power of the nervous system over intestinal peristalsis is illustrated in the passage of a gall stone or renal calculus, in omentum strangulation, in ovarian compression from blows on the abdomen, etc. McGuire believes that a large number of cases where death is attributed to post-operative sepsis or peritonitis are either caused by or have their beginning from reflex nerve-injury. A bowel that has been exposed to the air for a long time until it has become blanched and dry, one that has been