

and discomfort as at any time in her life. The thing that she was seeking was good health, and the fact that the original cause of her ill health has been removed and a new cause substituted in no way increases her comfort of mind.

Then, again, it is not to be forgotten that the nervous shock and the administration of the anesthetic produce effects which last very much longer than those which are manifest to the eyes of a surgeon for a few hours or days after the operation has been performed. Various neurotic, anemic, digestive, circulatory, and other manifestations are developed which require the greatest skill on the part of the physician after the patient has returned from the scene of her operative recovery.

In other words, when advising as to the performance of an operation, it seems to us that the physician and surgeon should not only discuss the probabilities of the patient passing safely through the operative ordeal, but also the question as to whether in the event of her surviving the ordeal, the last stage of that woman will not be worse than the first.

In more than one instance of chronic relapsing appendicitis we have seen operative procedures resorted to with the result that the patient's life has been evidently shortened, in that he or she died a few days later from post-operative complications, when a number of weeks or months of life might have been passed before another attack of the local trouble asserted itself.

The discovery of anesthetics is in one sense not an unmixed blessing, since it has made, with the practice of antiseptic surgery, certain operative procedures almost too easy of performance. After all, the patients in their dread of the knife have, in their ignorance, a certain amount of justification, and illustrate the old adage that the children of this world are wiser than the children of light, for, ignorant though they be, their fear of sequela is sometimes greater than their advisers.—*Ed., Therapeutic Gazette.*

### Method of Using Glycerinated Vaccine Lymph.

The part of the arm selected should first be thoroughly cleansed with a warm boric acid solution. A drop of the glycerinated lymph is then placed upon the clean surface and through this drop of vaccine matter the gentle scarifications are made with a sharp needle or small bistoury, the skin being meanwhile drawn tense. In this way the superficial layer of the skin is broken up and the vaccine lymph is brought into intimate contact with the living cells—and the danger of extraneous matter is largely eliminated in this method of working beneath the drop of semi-fluid vaccine. It is needless to say that the scarifying instrument must be sterile, and the lymph itself of known and reliable manufacture.—*The Clinical Review.*