It may not be amiss to add a few statements:

(1) We proceed on the ground of an express contract to nurse, and express no opinion as to the law in the ordinary case of a patient entering the hospital without such contract.

(2) As a corollary of the above (while we think an implied contract has the same effect as an express contract in the same terms) we give no opinion as to the contract implied from a patient entering a hospital.

(3) We express no opinion as to what the result would have been had the negligence occurred in the operating theatre.

(4) None of the cases in any of the jurisdictions expresses any doubt that, whether the hospital is or is not, the nurse is liable for her own negligence in a civil action; in some cases also criminally for an assault, simple or aggravated, and in fatal cases for manslaughter.

(5) There is no hardship in the present decision. The hospital can protect itself, as was done in Hall v. Lees, and in some of the American cases.

THE ADVANTAGES AND RISKS OF COMBINED LOCAL AND GENERAL ANAESTHESIA.

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DURING the last few years considerable attention has been devoted to the development and improvement of methods of anæsthesia. As a consequence of this the efficient administration of anæsthetics is no longer regarded as merely an adjunct to surgery, but is generally recognized to be quite as much a specialty as any other department of medical science, and there is therefore an increasing tendency to limit it to those who have made a special study of the various drugs employed, and of the different methods of administration, with their attendant risks. This has naturally resulted in a great reduction in the number of fatalities occurring under anæsthesia.

The principal general anæsthetics which have been employed are chloroform, ether and nitrous oxide gas. It was formerly supposed that more risk was associated with the use of ether than with that of chloroform, but the more recent statistics indicate that this is a fallacy, and that while the mortality from chloroforom is about 1 in 3,000, that from ether is only about 1 in 30,000. Judging from the statistics collected by Buchanan, which include many millions of administrations, the use of nitrous oxide gas is even safer than that of ether in the hands of an expert anæsthetist, the mortality being about 1 in 5,250,000 administrations.