

number of the *New York Journal of Gynecology and Obstetrics*. He carries out this line of treatment in cases of chronic endometritis, chronic metritis (subinvolution), and chronic metritis with associated salpingitis. He chooses as the best time for his treatment the period immediately antecedent to menstruation.

Dr. Polk's contention is that his methods will frequently cure periuterine inflammations, including pyosalpinx. He acknowledges that in a certain proportion of cases they are not successful, but he insists that they always cause a diminution of the periuterine masses produced by uterine inflammatory exudations. He thinks his results show that such a course of treatment as he advises improves the condition of things in the pelvis, and gives a better chance for laparotomy when it becomes necessary. His efforts are certainly in the right direction, and his views on the subject are worthy of very careful consideration.

ANÆSTHESIA BY CHLOROFORM.

In some of the journals a spattering fire of assaults and rejoinders is still being kept up pro and con on the question of chloroform versus ether for anæsthetic purposes. The time that has elapsed since the report of the Hyderabad commission would seem to have been long enough to have settled the opinions of every authority, but the champions of each side are still trying to convict, if not to convert, the other. The point at issue seems to be whether or not death by chloroform is due to respiratory or to cardiac failure, the corollary being, of course, whether or not the anæsthetist, when using chloroform, should devote his whole attention to the breathing and let the pulse alone. As a matter of ordinary practice and of ordinary sense, no anæsthetist while giving chloroform, we suppose, ever does confine his watch to one danger signal. There are at least four points which should be, in every case, carefully attended to, in addition to the careful support of the lower jaw, either by the point or by the two angles, preferably, perhaps, the latter, thus supporting the hyoid bone with its attached muscles, and the base of the tongue, and leaving the entrance to the larynx free. These four points may be stated as follows: (a) During the onset

of the second stage the heart should be carefully watched, as the manner of its settling down after the preliminary excitement gives often a valuable hint as to what is to follow. If from being rapid and bounding the pulse slows too quickly and becomes irregular, danger is ahead, probably for the respiratory centre as well. It may be taken as established that while death does sometimes occur from cardiac failure, its most frequent cause altogether is respiratory failure. (b) The respiration should be watched, especially as the stage of profound anæsthesia is approached. Inequality of rhythm and variations in depth may indicate impending failure or only an attack of vomiting. If two or three successive respirations are seen to be each shallower than the last, the anæsthetic should be continued very cautiously, as failure may occur even if the mask be at once removed. It seems that vomiting is heralded more commonly by a respiration which shows increasing rapidity, and preponderance of inspiration over expiration, at any rate as regards effort and sound, if not also as regards amount of air. It is almost unnecessary to remind the reader that mere abdominal movement is no proof of respiration, as the diaphragm may still be acting and no air entering the glottis. (c) The pupil is a signal that probably no one ever neglects to watch carefully. (d) Lastly, the color. It takes very little experience to teach one to watch the condition of the capillary circulation as a sign of the true state of affairs, or to recognize the impending catastrophe in the ashy deathlike paleness of lips and face, with, perhaps, a slight toxic sweating or clamminess. If even a vestige of color remain in one cheek, returning easily after slight pinching, alarm is unnecessary, other signs being taken into account at the same time, for of course no one dare pin his faith to a single signal, but must have all the time under the most careful scrutiny the *tout ensemble* presented by a patient who, at the very best, is hovering on the confines of the nether world.

THE late Dr. D. Hayes Agnew, of Philadelphia, left an estate valued at \$250,000. He bequeathed to the University of Pennsylvania \$50,000, his work on surgery, library, and anatomical collections.