large hospitals of Europe and America, its use is become more and more general. Surgeons are now desirous of closing arteries so effectually as to check any hœmorrhage. (which ligature certainly does,) yet leave no foreign substance attached to, or semi-detached from, the living vessel; to leave no sloughing or suppurating wound to wash away a dead piece of artery and the now useless ligature itself. Thiéry, Amussat and Velpeau endeavoured to accomplish by Torsion, and Simpson by Acupressure, what Fleet Speer has accomplished by the Artery Constrictor—a method which seems to possess many of the advantages of acupressure, and none of the disadvantages of ligature. While each of these methods has special advantages in certain cases, the time, I believe, is not far distant, when the ligature will be laid aside by others—as it has long since been by myself. The temporary employment, in anæmic subjects of acupressure before or during an operation likely to be accompanied by much hœmorrhage, is an expedient of value—preferable to the aneurism needle—and is quicker and safer of application.

Anæsthetics.—More important still than the question of hœmorrhage is that of *anæsthetics*—and one which is now attracting much notice. We, in Canada, follow the practice of the British in the use of chloroform in preference to the safer anæsthetic—Ether. The circumstance that the number of deaths from chloroform is greater than formerly, amounting to upwards of a dozen published cases a year in England alone, apart from a much larger number of *un*-published ones, has created well founded alarm, and the favorite anæsthetic of our neighbors, with the bichloride of methyl, are attracting a large share of attention. The mortality returns published by Dr. Morgan show that we are using the most hazardous of all the anæthetics:

1 death	to 23,204	administration	of ether.
1 "	to 5,583	"	of ether and chloroform.
1 "	to 5,000	"	bichloride of methyl.
1 "	to 2,873	"	chloroform.

The chief objection urged against ether—the length of