hyaline casts. He had a mitral murmur, and marked arterio-sclerosis. The third was a lady of eighty-two years, with strangulated femoral hernia. The bowel was gangrenous, and required resection. On drawing down the bowel she complained of pain, and she had to have a little chloroform. She died on the eighth day of uremia. These, with the case previously cited, were the only cases in which a general anesthetic seemed inadvisable.

In abdominal cases the patient can aid you materially at times by making negative pressure in the abdomen, and thus allow the closure of the peritoneum without the bowel or omentum coming into the wound.

It was formerly thought that cocaine solutions could not be properly sterilized, but further experience has shown that boiling does not destroy the efficacy of the drug, and I have frequently used a cocaine solution that has been sterilized two or three times, but usually a fresh solution is made and only boiled once.

There is one thing which should be always kept in mind when operating with a local anesthetic, and that is to handle the tissues with care, as any unnecessary rough sponging or retraction of the structures will give pain. If one retracts the parts gradually, it can be done without causing pain, but any sudden drawing back of the parts will give discomfort. For instance, in operating for appendicitis, practically the only structure which gives pain is the parietal peritoneum. One can stitch the bowel, and divide the appendix with the actual cautery without causing distress to the patient. When the blood vessels are clamped and tied there is always some pain unless a few drops of cocaine solution have been injected around them. If there are any adhesions it is always advisable to infiltrate them with some solution before separating them. In this way I operated on three cases through the grid-iron incision with very little discomfort to the patients. It is interesting to note that with the grid-iron incision, if the patient strains or coughs the fibres of the internal oblique and transversalis approximate themselves unless they have become paralyzed by too much retraction. The fibres of the tendon of the external oblique also come together, so that really there is almost no possibility of hernia forming. I have frequently seen Kocher stitch the peritoneum, and the fibres of the external oblique, leaving thus the deeper muscles without any sutures. When the muscles are brought together with sutures it is very important that these be not tied too