frequent. Sickness, vomiting, and involuntary defaecation are of frequent occurrence, vomiting being especially apt to occur in abdominal operations. Imperfect anæsthesia, even in the most experienced hands, occurs in varying proportions, between 4 and 10 per cent. Headache is present in about 5 per cent., and is frequently severe and persistent, and difficult to relieve. In this respect the withdrawal of 5 to 10 c.c. of cerebro-spinal fluid is the most efficacious treatment, but often fails to relieve. The degree and duration of the anæsthesia cannot by any means known as yet be accurately controlled. The fact of the patient being conscious during a major operation is an insuperable objection. The mortality is little if at all below that attending chloroform and much greater than under ether. Unless means are discovered to materially lessen its dangers and to regulate more accurately its duration and extent, it seems doubtful whether spinal anæsthesia will retain the popularity which it has in some quarters attained.

JOHN G. SHELDON, M.D. "A further report on a case of Cirrhosis of the Stomach." *Annals of Surgery,* November, 1906.

This case was operated upon three and one-half years ago and is now well and attending his occupation regularly. At the operation, the stomach was found to be very small, its walls markedly thickened and indurated, but the organ was not deformed. Its cut surface appeared fibrous, and the mucosa, as far as could be determine, was smooth and atrophic. A gastro-enterostomy was done, the case being thought to be one of benign diffuse cirrhosis of the stomach. This condition, though rare, is now recognized. It is not associated with cancer, and may be of such severity as to cause death without cancerous involvement being present.

FRANZ FOREK, A.M., M.D. "The Treatment of Diffuse Suppurative Peritonitis following Appendicitis." *Medical Record,* December 1, 1906.

An extensive incision is made generally in the middle line of the abdomen. This incision extends from the umbilicus to the pubes, and in some cases as high as the ensiform cartilage. The pus is allowed to flow out, and what remains is gently dipped out. Adhesions between coils are separated, as his experience has shown many cases where there were abscesses so walled off, which would be dangerous to leave. The entire abdominal cavity is flushed out by pouring large quantities of saline solution into it, the coils of intestine being held aside and the various spaces thoroughly cleaned. The appendix is removed, and the