

usually fatal when they occur. The complication of vomiting occurs in about one-third of the cases and immunity is reduced. Ether by inhalation, open drop method, is the safest agent for prolonged anesthesia but is not an agreeable one to take, though very efficient. The margin between the anesthetic dose and the toxic one is wide. It should be to-day the standard anesthetic in the surgical oxid gas for it has some of the disadvantages of chloroform. Nitrous oxid gas for short anesthetics is the safest agent known. In prolonged anesthetics it is more dangerous than ether, especially in nonexpert hands. It is agreeable, but not efficient, and can be readily stopped at danger signals and is more rapidly eliminated than any other anesthetic. It requires complicated apparatus and is not so widely adaptable. The after-effects and complications are very slight and it has but little influence on immunity. Scopolamin and morphin used for anesthesia is a very dangerous anesthetic which has been exploited as the "twilight sleep." It is not efficient, and when once injected is beyond the control of the physician. It not infrequently produces delirium and it reduces immunity to pus organisms. Spinal anesthesia is very dangerous, not comfortable, efficient or simple, and when once injected is beyond control. Complications may be severe. By "blocking" is meant the attempt to anesthetize the field of operation by infiltrating the nerve supply. With good technic it is fairly safe, but is not comfortable or remarkably efficient. As the dose is never toxic, the lack of control is not a serious objection. It is not simple and requires special skill in training and has but a limited field. Local infiltration anesthesia is very safe when the proper agents are employed and the technic is aseptic. Novocain seems to be the best agent with the proper amount of epinephrin added. This should not be used, however, in too great concentration, and is not more painful than the ordinary hypodermic injection. Intravenous anesthesia with ether is condemned as a dangerous method, and should be rejected. Local intravenous anesthesia with cocain has no special advantages. Intrarectal anesthesia is also considered unsafe by Bevan, as is also the intratracheal method. Intraparyngeal anesthesia is an old method reintroduced. It is about as safe as drop ether but not quite so efficient. Mixtures and sequences with complicated apparatus are not recommended nor are the ether warming machines. Bevan does not agree entirely with Crile as to the merits of the latter's anociassociation method and quotes other experimenters who have disagreed with him.

A VARNISH FOR WOUNDS.

A writer in the *Prescriber* for April, 1915, makes favorable mention of the following combination as a dressing for wounds: