at occasionally because they found normal appendices at operation for supposed appendicitis, but he did not believe that proper examination was made of the specimens. He had removed two or three appendices which were apparently perfectly normal, but the patient's symptoms all stopped after the operation, and when cultures of bacteria and microscopic sections had been made from these specimens, it was found that they had been dangerously infected. The mucosa and adenoid tissue were undergoing destruction by the colon bacillus.

The author stated that when his inch and a-half abdominal incision was employed in removal of infected appendices, patients left the hospital at the end of a week and a-half. If an incision two inches long were made the patient would not be ready to leave until fourteen days after the operation, and if the incision were from two and one-half to four inches long eighteen days would be required for repair. Consequently he had adopted as standard the inch and a-half incision and week and a-half confinement plan, which left no hernia and an evanescent scar.

By operating immediately in acute cases, he did not mean on the following day, but on the *following hour*, which is a point well worthy of the most careful consideration by all physicians.

Physicians who do not accept this plan must lose a few cases that they do not expect to lose, and they must let many patients suffer tediously and unnecessarily, but there will not be much further opposition, because physicians are only too glad to do the very best thing as soon as they have learned what it is.

The insurance companies would not insure a patient who had ever had appendicitis, and whose appendix still remained, if they were to note the character of the adventitious peritoneal bands which form in these cases, and if they observed the persistence of appendicitis and of supplementary diseases in the appendices of the patients who were thought to be quite well.

FOR morphinism, Kochs, *Ther. Monatsh.*, recommends the subcutaneous injection twice daily of atropin, gr. $\frac{1}{100}$, with which in his own practice he conjoined morphin, gr. $\frac{1}{4}$.

ETHER ANÆSTHESIA IN LONDON.

The *Medical Press and Circular* has had a series of reports on the anæsthetic procedures in several hospitals of London.

King's College Hospital and the Royal Free Hospital are not free users of ether; the former relies on chloroform, while the latter is partial to the A. C. E. mixture.

In the case of nine other hospitals, the anæsthetists administer ether in the larger proportion of cases. At the London Hospital a very noticeable change has taken place in this regard; ether is the anæsthetic chiefly used, being administered twice as frequently as chloroform.

The anæsthetist of St. George's Hospital shuns the use of chloroform, "unless there is some good and sufficient reason to give the coroner in case of accident," although he considers the substance safe in the hands of a competent operator.

Ether is by far the most popular anæsthetic at the Charing Cross Hospital, being used in about seventy per cent. of the cases.

Chloroform has the preference in operations upon the mouth, tongue, etc, or where the use of ether is contraindicated by the existence of some pulmonary complication.

Dr. Hewitt, at the London Hospital, prefers chloroform in cases where bronchitis or emphysema exists, and a majority of anæsthetists use it for children, elderly persons, and those who have bronchial trouble.

Dr. Bourns, of the Westminster Hospital, however, does not refrain from the use of ether in elderly people, since he believes the fear of its use in such cases has been without foundation, and that where lung trouble has followed an operation, it has been caused more by exposure of the chest than to inhalation of the vapor of ether.

Nearly all the out-patient departments use nitrous oxide, and so do the anæsthetists of the hospitals when minor operations are to be performed. In some cases chloroform is substituted for ether, if the patient under the influence of the latter evinces a tendency to vomiting or bronchial irritation; after the ether has been withheld for a while it may be administered again.

At St. Mary's Hospital, ether is used first in patients who are badly nourished and run down