attention is not paid to the subject in most of the medical colleges. The practitioner has to acquire this knowledge usually after graduation. A short summary of the history of Anaesthetics is given from the year 1798, when Sir Humphrey Davey took nitrous oxide, down to the report of the British Medical Association committee in 1901.

In speaking on the choice of Anaesthetics, the remark is made that a person in reduced health is a safer subject than one in a healthy vigorous condition, as nuch less of the anaesthetic will suffice in the former, and there is less struggling. Anaemic per-ons usually take anaeshetics well, and there is not the need for such deep narcosis as in the strong and full blooded. Cases of valvular disease of the heart generally take chloroform well, but much care is required in producing perfect anaesthesia, and there is great tendency to syncope during recovery, or vomiting. In cardiac myasthenia, with fatty degeneration, or simple atrophy and dilatation, ether is strongly indicated, and nitrous oxide and chloroform as strongly contra-indicated. Insanity contra indicates nitrous oxide and ether.

Ether is objectional in renal disease, and chloroform in diabetes. Cases with dyspnoea, as in goitre and Angina Ludovici nitrous oxide is dangerous, and  $CE_2$ , or chloroform one part and ether two parts, is to be preferred. In cases of empyema, or troublesome cough, chloroform or  $CE_2$  is better than ether alone.

With regard to the nature of the operation, the following general rules are laid down : Cases suitable for nitrous oxide are extraction of teeth, opening an abscess, tenotomies, aural polypi, movement of stiff joints, avulsion of nail, removal of external piles, scraping lupus, application of cautery, removal of drainage tube. Cases suitable for ether are amputations, osteotomies, reduction of dislocations, excision of joints, operations on the rectum, operations on genito-urinary organs, herniotomies and colostomies, removal of breast, most ovariotomies, in conditions of collapse or where the patient is much exhausted, in dental extractions of a prolonged kind. Cases suitable for chloroform are operations on head and neck, intracranial operations, excision of tongue or maxilla, abdominal operations where exaggerated Trendelenberg position is required, and cases of labor as a general rule. If the administrator has no experience with inhalers he had better use the open method, starting the anæsthesia, with chloroform and maintaining it with CE<sub>2</sub> other things being suitable as to the nature of the case and the operations. In feeble cases, an ounce of brandy with as much water may be given twenty minutes prior to the anæsthetic.

We pass over the excellent remarks on nitrous oxide and come to ether. It would be impossible to review fully what is said upon this