author concludes from these cases that the surgeon, in dealing with aged patients, ought not to rest content with intervening in those instances only in which life is directly threatened, as, for example, in strangulated hernia, but that he should be prepared to act also in instances of chronic disease advancing slowly, yet inevitably, towards a fatal issue. He should endeavour to dispense with general anæsthesia; beyond its direct danger, the anæsthetic agent is liable to cause a prolonged state of prostration, against which the aged subject struggles with much difficulty. The author usually trusts to the injection of cocaine, or to the previous internal administration of chloroform in small doses with the object of benumbing the patient. Old people, he states, are much less sensitive to pain than adults. During the operation, much care should be taken to keep the patient warm. Although the surgeon should prevent loss of blood as far as possible, he ought not to practise the so-called bloodless method, as paralysis of the vaso-motor nerves results in an oozing of blood from the seat of operation, which may be found very difficult to arrest, particularly in subjects of atheroma. Every effort should be made to bring about immediate healing of the wound by careful attention to asepsis, so that the necessity for prolonged rest in bed may be avoided. The patient should be well nourished after the operation, and be allowed to get up as soon as he can do this without running any risk.—*British Medical Journal.*

CANCER OF THE STOMACH.—

Guinard (*Arch. Gén. de Méd.*, June, 1892), discusses the treatment of cancer of the stomach, and sums up his conclusions as follows: (1) No operative procedure can guarantee complete cure; (2) all cancers of the stomach which are not accompanied with pain, pyloric stenosis, or progressive inanition should be treated entirely by medical means; (3) the neoplasm should only be removed when it is a single tumour, small and mobile; (4) every possible means must be taken to arrive at a correct diagnosis, such as analysis of the gastric juice, gastroscopy, with a minor insufflation of air into the stomach, or ingestion of effervescent powders, and, in some cases, an exploratory laparotomy may be done, with strict antiseptic precautions; (5) in those cases in which, on examination, the cancer is found to have grown to a considerable size, and to be adherent to the colon or pancreas, and in which glandular enlargements exist, removal of the tumour must not be attempted, but gastro-enterostomy must be done; this operation does not give so long a tenure of life as complete removal of the growth, but is less dangerous, and as a palliative measure it is the best, death coming on slowly and without symptoms of obstruction and inanition: (6) pylorectomy is a rarely performed operation, whilst gastro-intestinal anastomosis ought to be a common one; (7) the palliative results of gastro-enterostomy are remarkable, and the immediate dangers of the operation are small when compared with the beneficial results.—*British Medical Journal.*

OUGHT INFANTS TO BE WASHED IMMEDIATELY AFTER BIRTH?—

In a paper read before the section on Diseases of Children at the Detroit meeting of the American Medical Association, Dr. F. S. Parsons, of Boston, says:—

All wild animals wash their young directly after birth. The human mother, however, cannot perform such duties in the manner of the lower animals, whose offspring, moreover, are covered with hair, necessitating simply the drying of a wet surface; but the child, with practically no hair on the body, is ushered from an aqueous solution at a temperature of about 100° F., to an aërial temperature of from 20° to 30° lower. Apparently to guard against this sudden cold, Nature has placed a sebaceous covering, which, if allowed to remain, would protect the child from the chilling influences of the reduced temperature. Dr. Parsons, however, does not so much object to the washing of the child as to the manner in which it is generally done, and which so often leads to catarrhal troubles, varying from simple snuffles to broncho-pneumonia. He recommends a light shirt with sleeves and hood, made of some soft unirritating material—for example, Canton flannel—in which the infant should be placed, after being quickly rubbed with pure hog's lard. Here it should remain for four or five days, when it would become accustomed to the lowered temperature, and could with much more safety be washed; but as this would not satisfy the average mother, he would advise covering the head