be effected without risk of breaking down the protective barrier of adhesions which shut off the collection of pus from the general peritoneal cavity. It is interesting to note that in many instances where marked lesions were found in the appendix there had been an absence of any local signs or symptoms during the quiescent periods between the attacks. Every case made a successful recovery from the operation.

Chloride of Ethyl in General Anæsthesia.—GIRARD (*Revue de Chir.*, November 10, 1902), after reviewing the subject in detail, states in conclusion: (1) General anæsthesia may be perfectly and completely obtained in man as well as in animals by chloride of ethyl. (2) Its action is rapid, it causes but slight excitement, and its application is made without resistance on the part of the patient, who awakes almost instantaneously after the withdrawal of the anæsthetic. (3) The rapidity of recovery demands that a close watch be kept by the anæsthetizer, and renders difficult a prolonged anæsthesia. (4) At the beginning of the anæsthesia it is important that the access of air to the respiratory tract be reduced to a minimum, and so a choice should be made of a good apparatus for inhalation. (5) The absence of nausea or vomiting after the cessation of anæsthesia makes this method the one to be preferred for all minor operations. (6) There is no need to fear any early accidents, for the absence of any irritant action upon the mucous membrane precludes any danger of reflex laryngitis. (7) However, it is necessary to watch for renal, hepatic, and cardiac lesions, as has been shown by pathological anatomy. This point should be cleared up before this method is generally used. (8) The mixed method seems to give the best results—shortening the pre-anæsthetic period, diminishing the amount of chloroform or ether required, suppressing of excitement at the beginning of anæsthesia and nausea or vomiting at the end; it possesses undeniable advantages and a certain superiority over simple anæsthesia. (9) The deaths which have been observed in animals after the anæsthesia has been established make it necessary to formulate certain reservations, for possible sudden depression of the respiratory centre may occur during the course of the anæsthesia (late syncope).

Surgical Intervention for Intestinal Perforation in the Course of a Case of Typhoid Fever; Recovery.—DEPAGE (*Jour. de Chir. et Annales de la Soc. Belge de Chir.*, November and December, 1902) states that this operation rests on a legitimate basis, as the statistics gathered by Boinet and Delengade show that without operation 95 per cent. die, and that with operation the mortality varies between 79 and 88 per cent. Platt has collected from literature 103 cases of intervention, with 16 recoveries. The author's case was a woman of forty-two years of age, who presented the typical symptoms of perforation, and was operated upon three days after the perforation had occurred. A median incision under cocaine was made, and a collection of fetid pus was found on the side of the cæcum. Further exploration showed a small perforation in the small intestine about ten centimetres from the cæcum. A V-shaped resection of this portion of the intestine was then performed, the ends being joined in the usual manner. The intestines were then punctured with a small needle, so as to relieve them of a large accumulation