anæsthesia; in fact, it is very questionable if it is as safe. The puncture of the spinal canal itself, not to mention the injection of cocaine, is not without its danger, as has been shown by GUMPRECHT (*Deutsche med. Wochenschrift*, 1900, vol. xxvi., p. 386), who reports seventeen cases of sudden death following simple lumbar puncture for diagnostic purposes. Beside this the involuntary defecation and urination during the operation is not only embarrassing, but in addition may add greatly to the operative risk by infecting the field of operation. Again, it would seem to be a marked disadvantage instead of an advantage to have the patient conscious during the operation.

As Corning (*supra cit.*) has stated, everyone at all conversant with the serious results inevitably following infection of a serous cavity must be profoundly impressed with the necessity of a rigid asepsis, and any neglect of those necessary and elaborate rules of antisepsis so necessary to the safety of the patient will be followed by most disastrous results. He clearly emphasizes the dangers to the cord from this operation, and it would seem that sufficient time has not yet elapsed to prove absolutely that this method of anæsthesia will not be followed by degeneration of the cord and of the nerves.

Observations on the Surgery of the Gall Tracts.—JONES (*Medical Record*, October 20, 1900) states that patients with long-standing disease of the gall tracts are poor subjects for surgical operation, and surgical interference is attended by considerable risk. In such cases it would seem to be best to do first a cholecystostomy—the simplest operation and the one attended by the least risk—leaving more radical treatment for another time should it become necessary. He emphasizes: (1) The diagnostic value of the point of maximum tenderness on pressure, which is over the gall-bladder, at or near the costal margin of the ninth rib. This point in disease of the gall tracts corresponds in importance with McBurney's point in disease of the appendix. (2) The diagnostic value of the presence of bile in the urine excreted during or immediately after a very brief obstruction of the common duct. (3) That disease of the gall tracts is of very common occurrence, and is liable to be mistaken for other troubles which it closely imitates, so it is important that the cases be recognized early.

Clinical Notes on Cases of Gallstones.—CHAPMAN (*Intercolonial Medical Journal of Australasia*, September 20, 1900) reports three cases. The first case was a woman who presented symptoms of pain in the region between the ensiform cartilage and the umbilicus, vomiting after severe attacks of pain and on taking solid food, some jaundice, and some fever. A small, rounded, movable tumor could be felt above the umbilicus just to the right of the median line. Palpation of this tumor caused severe pain. An exploratory operation was performed, and on exposing the tumor it was found to be the gall-bladder, slightly enlarged and containing a stone, which was removed. The gall-bladder was sutured to the peritoneum and drained. The patient made an uninterrupted recovery. The second case was that of a woman who complained of indigestion, occasional attacks of vomiting, jaundice, loss of appetite, and pain on the right side in the epigastric region,