by the depressor nerve (being brought into action by the heart) acting on the vaso-constrictor centre in the medulla. By inhibiting this centre the blood pressure was lowered to suit the cardiac strength. As these experiments left no doubt about this depressing action on the heart, a claim was made that such action of the drug was always a source of danger, and given a patient with an idiosyncrasy, a fatal result would follow chloroform administration.

With regard to the danger of chloroform to patients with fatty hearts, the paper pointed out that the commission drew their conclusions from "Phosphorous Hearts," a degeneration that apparently does not correspond with that slow change from multiple causes found in man. It was further agreed against the commission's results that their report was based on deaths which, with few exceptions, occurred in profound narcosis. For the purpose of discussion, the dangers occurring in chloroform administration were classed as those belonging to (1) excitement, (2) anæsthesia, (3) profound narcosis, (4) recovery. The dangers of the first stage were syncope, asphyxia, shock. On account of the unstable condition of the nerve centres in this stage, syncope was common, and should be treated by lowering the head, artificial respiration and hypodermic injections of digitalin. Asphyxia might be from laryngeal or nasal obstruction, and is to be treated by opening the mouth and turning the patient on the side. Spasm of respiratory muscles was not regarded as a possible cause of asphyxia.

In the stage of anæsthesia the danger consists in the risk of running into the next stage, that of profound narcosis. Rarely the second stage of comparative safety is almost absent; no sooner do some patients enter it, than they begin showing alarming symptoms. In the stage of profound narcosis one runs a great risk of paralysing the centres presiding over respiration and circulation. Care should be exercised to keep the patient out of this stage. The centre most frequently to give way is that of respiration. The treatment here is hypodermic injections of strychnia in full doses, and artificial respiration. In the stage of recovery, on account of the heart being dilated as pointed out by Prof. McWilliams (*British Medical Journal*, Oct. 11, 18, 25th, 1890) syncope is most dangerous. The head should be lowered, hypodermic injections of digitalin and strychnia, along with artificial respirations.

Shock should be treated by morphia and heat. Alcohol is dangerous to patients recovering from chloroform or ether.

The author of the paper urged the advantage of digitalis before giving the anæsthetic; (it abolished much of the "after sickness" of the drug); and the necessity of keeping the hypodermic syringe with a solution of strychnia ready. Vagus inhibition it was claimed could never permanently arrest the heart. The advantages of watching the respiration and face were strongly urged. The autopsy reports of two patients who died of chloroform were given. One of these died 36 hours after anæsthesia. The other (in the practice of Dr. Fulton, St. Thomas), died during the stage of recovery from the anæsthetic.

Reports of Societies.

THE ONTARIO MEDICAL ASSOCIATION.

The 12th annual meeting of the Ontario Medical Association was called to order at 10 o'clock a.m., on Wednesday, June 1st, 1892. The President, Dr. R. A. Reeve, Toronto, in the chair.

Dr. A. H. Wright, Toronto, opened the discussion in Obstetrics by a paper entitled "The Third Stage of Labor." Dr. H. S. Griffin, Hamilton, regretted that the lateness of his train prevented his hearing the first part of the paper. He also felt a certain regret that he was unable to oppose, for purposes of discussion, those points which he had listened to. Haste in removing the placenta was usually disastrous if practised in any other manner than the method proposed by Crede. The expectant plan should to a certain extent be always associated with Crede's method. Expulsion of the placenta from the uterus was a definite procedure, and, as a rule should not be hastened, while the expulsion from the vagina was indefinite and should generally be assisted. The best means, he said, was by firm pressure with the hand upon the fundus, directed almost directly backwards. The placenta should then be rolled several times, the membranes twisted into a rope and gently coaxed out. The parturient canal was practically aseptic, unless sepsis was introduced from without. In-