longer produced by tenching the surface of the eye with the tip of the finger. The anarsthetic should never, under any circumstances, be pushed till the respiration stops; but when once the corner is insensitive, the patient should be kept gently under by occasional inhalations, and not be allowed to come out and renew the stage of struggling and resistance.

S. As a rule, no operation should be commenced until the patient is fully under the influence of the anesthetic, so as to avoid all chance of death from surgical shock or fright.

9. The administrator should be guided as to the effect entirely by the respiration His only object, while producing anesthesia, is to see that the respiration is not interfered with.

10. If possible, the patient's chest and abdomen should be exposed during chloroform inhalation, so that the respiratory movements can be seen by the administrator. If anything interferes with the respiration in any way, however slightly, even if this occurs at the very commencement of the administration, if breath is held, or if there is stertor, the inhalation should be stopped until the breathing is natural again. This may sometimes create delay and inconvenience with inexperienced administrators, but experience will make any administrator so familiar with the respiratory functions under chloroform that he will in a short time know almost by intuition whether anything is going wrong, and he able to put it right without delay before any danger arises.

11. If the breathing becomes embarrassed, the lower jaw should be pulled, or pushed from behind the angles, forward, so that the lower teeth protrude 'n front of the upper. This raises the epiglottis and frees the larynx. At the same time it is well to assist the respiration artificially until the embarrassment passes off.

12. If by any accident the respiration stops, artificial respiration should be commenced at once, while an assistant lowers the head and draws forward the tongue with catch-forceps, by Howard's method, assisted by compression and relaxation of the thoracic walls. Artificial respiration should be continued until there is no doubt whatever that natural respiration is completely re-established.

13. A small dose of morphia may be injected subcutaneously before chloroform inhalation, as it helps to keep the patient in a state of annesthesia in prolonged operations. There is nothing to show that atropine does any good in connection with the administration of chloroform, and it may do a very great deal of harm.

14. Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving a patient confidence and steadying the circulation.

The commission has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation, with perfect ease and absolute safety, so as to do good without the risk of evil.

EDWARD LAWRIE, President. T. LAUDER BRUNTON, G. BONFORD, RUSTOMUL D. HAKIM, EDWARD LAWRIE, Surgeon-Major. Hyderabad, Dec. 18, 1889.

THE INFLUENCE OF COLD IN PNEUMONIC INFECTION .- Dr. G. Lipari of Palermo in his recent experiments on the infectious nature of fibrinous pneumonia, essentially confirms what is known of Fraenkel's pneumonococcus, and has also succeeded in proving the influence of cold as a factor in the origin of fibrinous pneumonia. The endotracheal injection of pneumonic sputa or pleuritic exudation of animals which had died from pneumonococci gave a negative result, but when the author, before or after the endo-tracheal injection, exposed the animals to cold, the result was very different. Of eight a limals so treated six died with clearly established pneumonic infiltration. The author supposes that the cold paralyses the ciliated epithelium of the bronchi, and at the same time causes their mucous membrane to swell, both of which pathological processes favour the descent of the infectious material into the alveoli. These experiments were doubtless undertaken with a view to harmonize the old and new teaching upon the origin of this prevalent disease.