

tone has been isolated and belongs to the middle of the series of ketones. Many hypnotics and analgesics owe their specific action to the ketones they contain.

In finding this ketone complex in good ordinary anaesthetic ether, removing the impurities in the later, which cause all the irritating effects, and putting back the anaesthetic compound it would appear that a new paragraph in anaesthesia had been opened up. Ketones are not easily oxidized and so remain even in very bad samples of ordinary anaesthetic ether and still exert anaesthetic action, although this is accompanied by all the usual irritating effects.

Some of the higher grades of anaesthetic ether have very little anaesthetic action because of the deficiency of the ketone complex. The possibilities of the new compound seem unlimited. If the ketone complex is used in a proportion above 5 per cent. anaesthesia is very deep and consciousness is only slowly regained.

No unpleasant taste or smell follows its administration and the material itself is practically odorless, tasteless and nontoxic. Hence its value for children and old people and also in acute cases.

Further experiments are to be conducted to eliminate entirely the necessity of using ether as a vehicle and to substitute an entirely innocuous volatile vehicle instead.

Dr. Boyle is also known in London as one of the pioneers in introducing and popularizing nitrous oxide-oxygen anaesthesia. He used this with great success and infinite satisfaction to patients at the First London War Hospital

and at Queen Alexandra's Hospital for Officers at Highgate. On the service of Sir H. B. Patterson, Dr. Boyle was able to practically eliminate post-operative pneumonias by this method of anaesthesia and they were among the most serious complications of war surgery.

Dr. Boyle presented his views on and his experiences with nitrous oxide-oxygen anaesthesia and its combinations to the Canadian, New York, and Interstate Anaesthetists as well as to the Nose and Throat Section of the Ontario Association and also before an overflow meeting of the Anaesthesia Session of the Section of Miscellaneous Topics of the American Medical Association.

During the Annual Dinner of the American Anaesthetists as well as during the banquet of the Ontario Medical Association, Dr. Boyle took occasion to express his surprise that non-medical persons were still used to give anaesthetics and he denounced the exploitation of nurses giving anaesthetics as 'Sweated labour'. The use of nursing anaesthesia had come up for consideration in England after the war, but all concerned with public welfare had decided that no person should administer and anaesthetic not qualified to practice medicine and surgery.

Dr. Boyle was also a guest at the dinner of the American Medical Editors Association in Boston and in his after-dinner talk he made a stirring plea to the editors present for support in the medical and dental press in behalf of the advancement of the science, practice and organization of anaesthesia as a specialty. He also urged the dental and medical schools