duration, not surpassing eight or ten minutes, two or three minutes is all that is necessary for a child to regain all its faculties. A little longer time is required when the sleep has continued longer. The elimination is rapid and the traces of amylene are promptly effaced.

Finally, M. Tourdes designates as a great advantage of amylene over chloroform the absence, or at least the great infrequency, of nausea and vomitings.

The next question taken up by the commission is, whether it offers less danger than ether or chloroform. Various comparative experiments were undertaken by M. Debout to resolve this question, and which were repeated by M. Robert. The first writer says, if it is necessary to double the quantity of chloroform to convert the anæsthetic dose into a poisonous one, it is necessary to quadruple that of ether and quintuple that of amylene. M. Robert in his experiments on animals found that they became as it were accustomed to the use of amylene, and recovered even a part of the sensibility. The reporter agrees with M. Debout in considering it poisonous but much less active than chloroform, but he differs from him in drawing the conclusion that consequently it is much less dangerous in practice. An important fact, he says, in the history of anæsthesia is, that it is not from the successive and progressive evolution of the phenomena of intoxication that death occurs in man, but in a sudden and unexpected manner, as though in consequence of a predisposition in the organism, the nature of which is unknown. I have shown this to be the case with chloroform, in a work published several years since, and the case of Mr. Snow proves it to be the same with amylene. The danger lies in anæsthesia, which, according to the expression of M. Tourdes, is *a diminution of life*, and a *step taken towards death*. Notwithstanding the fact that it is not harmless, it should be retained in practice because its action is prompt, of short duration, and its effects rapidly pass away without leaving behind that general *malaise* which occasionally persists for a long time after the use of chloroform. It is preferable to the other anæsthetic substances for very short operations, when one intends only to annihilate the pains, or simply to blunt it. It is peculiarly applicable for children and patients affected with disease of the air-passages. It should be rejected for long and painful operations, and especially for those in which it is necessary to overcome the contraction of muscles as in luxations and hernias.

On the Pathology of Mellituria. By Dr. Garrod, Physician to University College Hospital.

"As to diabetes being dependent, not upon any increased formation of saccharine matter, but on an imperfect destructive power existing in