the treatment, he thought the germicidal treatment by far the best, and he believed that microorganisms were always at the bottom of the trouble. Cases occurred in the robust as well as in the weak; common dandruff was seborrhœa. Seborrhœa often spread from the head all over the body, and could be treated only by germicidal remedies. He himself preferred mercurial treatment to all others. The remarkable results obtained by treating seborrhœa of the scalp with the oleates of mercury, especially where it had gone on to the congestival stage, l ad often been observed by his students, past and present, at the General Hospital clinics.

Dr. G. GORDON CAMPBELL believed that general treatment, in most forms of skin disease, was only needed when the general health needed it. Dr. Campbell, in Dr. Shepherd's absence last summer, had conducted his skin clinic, and as he had seen so much treatment by mercurial ointments in seborrhœa, he thought it a good opportunity to try other forms. In almost every case he found he had to fall back on the mercurial, and had to use The oleate of mercury which he was it strong. accustomed to use was I to 8 or I to 20. Dr. Shepherd prescribed 3 to 1. He certainly, therefore, agreed with Dr. Shepheid that there was nothing like mercury for getting a speedy effect.

A New Form of Ether Inhaler.—Dr. JAMES BELL exhibited an aluminium cone, which he described thus:

This inhaler consists of an aluminium cone of suitable size, made without seam or roughness, covered with stockinette, within which, on the inner surface of the cone, is placed some gauze or absorbent cotton. The advantages claimed for it are, first, that it is perfectly clean, and may be sterilized as a whole by dry The gauze and stockinette covering are heat. renewed for each patient. The aluminium is of course not absorbent and is malleable, so that the edges may be moulded to fit any peculiar conformation of face. It possesses the advantages of a clean folded napkin which can be sterilized before using, and which is the simplest form of inhaler, with the additional advantages of having sufficient consistence to maintain its form and shape.

We are apt to forget that ether is not a supporter of respiration; and that while we add ether vapor to atmospheric air, it is of the utmost importance that we should provide for the entrance of pure air into the respiratory organs during anæsthesia. The Clover inhaler, which is now so much in vogue, possesses all the disadvantages which it is possible for an ether inhaler to possess. It has but one redeeming feature,—that is, it economizes ether, —a small matter when we consider the welfare of the patient. It is impossible to cleanse it. Patients go on, one after another, respiring through the same filthy mask and the same rubber bag, each one adding his quota of mouth secretions, perhaps syphilitic, cancerous tub ercular. Tubercle bacilli must freor quently be deposited upon its walls, and vomited matter saturates it from time to time, not to speak of the absolute impossibility of sterilizing the mouth-piece to correspond with the precautions which we take with all the other substances coming into close contact with the field of operation. In operations upon the face, head and neck this is of vital importance. I have had many years of experience with the Clover inhaler, and I am convinced that even in the most careful hands it is a dangerous instrument; needless to say it is much more so in the hands of the careless or inexperienced. It is an asphyxiating machine, and only in proportion as it asphyxiates does it economize ether. (If used without the rubber bag it possesses no advantage over the ordinary cone.) The patient respires the same air over and over again from a rubber bag, the respired air passing through a ch mber containing ether in the liquid form. It is only as the ether becomes vaporized that it enters the system through the pulmonary mucous membrane and produces its effects on the nerve centres. Should the rubber bag be kept applied, anæsthesia is more rapidly produced, because in addition to ether anæsthesia there is asphyxiation by carbon dioxide. The answer is made, however, by adherents of the Clover inhaler, that the patient should be allowed a breath of fresh air at every third or fourth inspiration. I reply that he should have pure fresh air at every inspiration; and if he does not, it is only a question of degree of asphyxiation. I have had, as already stated, a long experience with the Clover inhaler; I have had, I am sure, very serious after-results from its use. I am quite certain that in many of the cases in which the patient becomes livid, and in which the bronchial tubes become filled with frothy mucous, these results are attributable to the inspiration of impure air. These patients generally vomit after operation, and are very slow to recover consciousness. Where ether anæsthesia has been produced without asphysiation, even when maintained for a couple of hours, consciousness is rapidly regained after the administration of ether has been discontinued. The Allison inhaler and others of similar construction cannot be charged with producing asphysia; they are simply unclean, and from their construction it is impossible to sterilize them. I maintain that ether properly administered is an absolutely safe anæsthetic. Proper administration consists in adding to pure air the greatest possible amount of ether vapor. It must never be forgotten that pure air must be inspired constantly, and that ether vapor is not a supporter of life, and also that it should, as a rule, be given in as