

the hyoid bone and pushing forward the jaw.

Dr. WM. GARDNER was first induced to use Clover's inhaler by having seen it in Mr. Lawson Tait's practice in 1886, and has never willingly used any other form since that time. He has given up the use of a mixture of ether and chloroform, and has stuck to pure ether, and now sees no reason to regret it. Another advantage is the prevention of the diffusion of ether through the room, which is a great comfort to a sensitive person. He bore testimony to every word Dr. Campbell had said, and had been struck by the extremely short space of time taken by him to anesthetize the patient, and also the rarity of vomiting on the operating table, which he thought was due to the care of the anesthetist to the signs of complete anesthesia.

Dr. BIRKETT, when resident in the General Hospital, had kept a record of eighty cases of the administration of pure ether with Clover's inhaler, and his observations confirmed the remarks of Dr. Campbell. He had used it with all sorts of patients, and it was the most successful method employed.

Dr. BELL did not think that there was any difference of opinion as to this method of giving ether, when it was in careful hands, but considered it dangerous in inexperienced hands. A case had nearly ended fatally from the neglect of one point, that of putting ether into the inhaler, and the patient was almost asphyxiated. He could not help but think that the patient must inhale vitiated air from the bag, but the precautions mentioned would reduce this danger to a minimum. He felt that the more concentrated the vapor at the beginning of anesthesia the better, but the great danger arose in giving too much ether after the stage of complete anesthesia had been reached, and the respiratory centre may be so blunted that it may fail to act. He admitted the advisability of giving it well diluted at the start, but it should be rapidly concentrated. He had never seen suppression of urine or bronchitis following ether, nor any pulmonary condition, except secretion of mucus.

Dr. SHEPHERD thought from his own observation that the method was valuable. He did not think that the paper referred to alcoholics, and asked if Dr. Campbell had observed tremors, amounting almost to rigors, which condition would make him stop ether and substitute chloroform.

Dr. McCONNELL said that everyone present seemed to prefer Clover's inhaler, the chief points in its favor being the small quantity of ether used and the rapid effects; but the latter is a matter of skill in administration. He did not like the idea of re-breathing air. It is a mistake to think that if we use a large amount of ether with Allis' inhaler that the

patient gets a larger quantity than if a much smaller quantity is used in Clover's. He thought Allis' is far safer for general use.

Dr. WM. GARDNER regretted to have to record a death last summer. The patient was blanched by prolonged hæmorrhage from malignant disease. He had decided to remove the disease through abdominal incision. The patient was at first placed in the lithotomy position, and everything went well for fifteen minutes when she stopped breathing, and soon afterwards the heart stopped; but though artificial respiration was kept up for three-quarters of an hour, she died. In this case he in no way blamed the inhaler or the anesthetist.

Dr. STEWART asked if observations had been made as to the condition of the shallow and deep reflexes.

Dr. CAMPBELL, in reply, said that he had seen marked tremors in one case. A recent writer in the *British Medical Journal* had ascribed this condition to asphyxia, and it indicated that ether should be given in a less quantity. He agreed with Dr. McConnell that the patient requires about the same amount of ether to induce anesthesia, independent of the kind of inhaler used. The skill in using Clover's is very much over-rated, for, if one would read the article on the subject in *Treves' Surgery*, he could easily use it. He had had no experience in emergency cases. The abolition of the corneal reflex is not indicative of full anesthesia, and the reflex from the perineum and anus is the last to disappear. At present he is trying to work out the action of ether on the secretion from the kidneys, and will give the results later on.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

REPORT OF THE SPECIAL COMMITTEE APPOINTED AT THE LAST MEETING OF THIS SOCIETY.

Infectious disease is preventable disease, whether the mode of infection be direct—from person to person—or whether it be indirect through the agency of water, soil or clothing. As such it ought to be prevented. It is for us and for the community at large to use every endeavor towards that end.

Granted that we can recognize surely the nature of a given infectious malady at a sufficiently early date, we can then stay that malady from spreading so as to affect other individuals, we can prevent it from assuming an epidemic character.

Thanks to the bacteriological discoveries of late years, we now possess this power of early diagnosis in connection with not a few of the most important—that is to say, the most widespread and fatal of infectious disorders. We