devoted to phonectics. The instrument-makers were there in full force, and it required hours of diligent observation to exhaust the new invention and modifications which these had to present. Probably the most interesting was an apparatus for photographing the picture seen in the bronchi, asophagus and stomach, which is attached to the proximal end of Burning's tube, and occupies small compass. This is made by Leither, of Vienna. To my mind, the exhibition alone makes it worth while to attend such a congress, even if the language is a matter of difficulty.

Entertainment—This is, as might be expected, in a German community, consisted chiefly in eating. We were entertained at supper by the city of Berlin in the Rathaus, which was embowered in flowers in honour, and had the theatres and opera placed at our disposal upon another evening. Some of us had the privilege of attending a massed band concert in front of the palace, when 1,200 instru-bandsmen took part. The chief entertainments were an excursion to Potsdam and The Havel, occupying an entire afternoon and evening, and winding with a presentation of a most entertaining adaptation of Salome, and of an excursion to the Health Exhibition in Dresden, which followed the close of the programme on Saturday.

Berlin will henceforth be increasingly a point of interest to laryngologists, from the acceptance of the Chair of Laryngology by Prof. Killian. The teaching of our specialty has suffered because of the increasing years and ill-health of Prof. Frankel, who has at last retired, and, although there were rumors of jealous interference against the claims of the South German, unanimous in approval.

Four years hence the Fourth Congress will take place in Copenhagen.

DISCUSSION ON THE TREATMENT OF GENERAL SEPTIC PERITONITIS. (SELECTED.)

BY RUTHERFORD MORISON, F.R.C.S., PROFESSOR OF SURGERY, UNIVERSITY OF DURHAM.

BEFORE opening the subject of treatment for discussion it is advisable to offer some general pathological considerations bearing upon the subject.

The extent of peritoneal surface has been estimated to be almost equal to that of the skin.

The shock and rapid death which result from scalding a large area of the skin are probably due to a cause similar to that which is respon-