which would surely prove fatal if lost during an hour. He made a strong plea for speed in operating; this however did not mean carelessness or neglecting the minutest detail of asepsis. What he meant was absolute silence in the operating room so that the attention of nurses and assistants should not be distracted for a moment, and also to have a large number of well trained assistants to hand the various instruments and ligatures, &c., without being asked for them. He believed that metabolism or combustion was much lessened during anæsthesia as the patient got no good air to breathe and only a very limited amount of bad air, causing a depression of the vital functions from which the patient sometimes never recovered. He suggested a mixture of ether and oxygen, so that vital combustion would not be interfered with at all. He had always observed that the most successful operators kept their patients the shortest time under anæsthesia. He also pointed out the importance of having the intestines thoroughly emptied of gas and liquid before the operation as the less they were handled, the less danger was there of shock. The Trendelenburg posture was also of great assistance in keeping the intestines out of sight. Strychnine was valuable, not only because it kept the bowels contracted and empty, but because it stimulated the heart. He also advised the use of flat zinc pans under the patient on the operating table, filled with hot water, which was renewed from time to time in order to keep up the patient's temperature; this would enable the air of the operating room to be changed, instead of keeping it close and stifling. Great care should be exercised in keeping the patient dry throughout the operation. The requirements of asepsis necessitated the use of much water and if the patient's clothing were wetted the patient might be chilled, thus contributing to shock. He had found enemata of hot salt solution introduced gently of great value in rallying patients who were apparently in a condition of shock.

Dr. JAS. BELL said that the condition known as surgical shock covered a much wider range of conditions than those described by Dr. Smith. The real surgical shock was that due to accident, so-called surgical shock post-operative, was generally due to prolonged anæsthesia, loss of blood, or chilling. He fully agreed in the need of rapid, well planned surgical operations, as an unnecessarily prolonged anæsthesia might be of serious moment to the patient.

Dr. C. J. EDGAR, of Sherbrooke, had charge of five hundred miners and the picture conveyed to his mind by the word "shock" was that of a strong robust man pale as death, and pulseless, as the result of a severe injury. Dr. Smith had told how to prevent shock, but in these cases one did not have time to do anything but treat it. He had found a large warm enema of salt solution valuable.