

upon nerve seven times more powerfully than ether, the clinical inference being that chloroform was not a safe anæsthetic. In conclusion the speaker made two statements upon which discussion was expected to hinge, and which he called the chloroform dilemma. 1. Chloroform is, under all circumstances, a dangerous anæsthetic, and should therefore be employed only in exceptional cases when ether is inadmissible. It may not be used for the purposes of minor surgery. 2. Chloroform properly administered is a safe anæsthetic; deaths from chloroform are preventable and are due to faulty administration. After referring to these two statements he alluded to the medico-legal bearings of the two alternatives. The remarks of the president, as might be expected, elicited a warm discussion which was taken part in by Prof. Richet, of Paris, who was strongly of the opinion that deaths under chloroform were due to cardiac and not to respiratory failure, and that, therefore, the heart was the object to watch. Surgeon Colonel Lawrie (Hyderabad) argued that over-dosage was alone to be feared, and that such over-dosage commonly resulted from irregular and gasping respiration. Dr. Shore described the results of experiment by himself and Dr. Easkell which went to show that chloroform had a direct and primary depressing influence upon the heart.

In the section of ophthalmology, the well-known Edward Nettleship occupied the chair. The most interesting papers and discussions in this section were those on Mule's operation (insertion of a glass globe into the scleral cavity in place of enucleating the eyeball); on "Antisepsis in eye surgery," and on "Abnormalities in the function of extrinsic ocular muscles." The general tendency displayed by those who took part in the last named discussion was a desire for a more definite standard for the classification of those muscular abnormalities, more especially with regard to the methods to be employed for determining the mode of estimating the amount of muscular inefficiency.

The proceedings in the section of laryngology and otology opened in the presence of a number of distinguished American, Canadian and English specialists. Following the practice of recent years, a practice which, by the way, might be adopted in many more sections, no formal address was delivered. What