which followed, the statement was not challenged. Prof. Whitla, also, in his book recently published on Materia Medica and Therapeutics, says that we will never understand the action of alcohol as long as we look upon it as a stimulant."

"With regard to which occurs first, asphyxia or heart failure, we must understand that asphyxia may occur while the patient is apparently breathing, but is really doing so insufficiently. All indications, therefore, of imperfect breathing, should receive our careful and intelligent attention. This condition may go on for a length of time, until we suddenly have blanching from heart failure. The *post mortem* reveals a dilated heart, clot in right heart, and blood very dark. Clinically we meet with two conditions, either lividity or blanching. Either one or both of them may occur early or late. When they occur early, the probability is that the cardiac and respiratory centres lying so close together have been paralyzed simultaneously. When they occur late, I incline to the opinion that asphyxia occurs first, assisting or causing the drowning of the enfeebled heart. Practically, we should, in all cases, secure the confidence of our patients, as cases often die from fright. This occurs, when no anæsthetic has been administered, at the first cut of the knife. We should carefully examine the blood pressure of every case, as this will often induce us to examine the urine microscopically, when we will often either discern disease of the kidneys or indications warning us of degenerations of the heart and other organs. Further, I believe that a slow or incomplete anæsthesia is always dangerous. A prolonged administration saturates the system with a large quantity of the drug, which, in case of accident, takes a long time to eliminate. Incomplete anæsthesia increases all the dangers of reflex irritation.

Dr. John Odlun, of Woodstock, asked: "Would you invert the patient in all cases of suspended respiration? Do all patients who appear to cease breathing do so by the influence of the anæsthetic or do some do so by force of will?"

Dr. MacCallum, of London, in reply said:—"I do not object to pulling the tongue forward except when vomiting. The exciting effect of forcibly pulling the tongue forward can be as readily obtained by pinching the skin in exciting respiration. Spasms are not always voluntary. There seems to be in the medulla a "spasm centre," which becomes excited and may lead to general convulsions. Push your chlorform here as in eclampsia in a midwifery case. I would, as a law, advise inverting patients, in the accidents of chloroform. One cannot tell always, whether your asphyxia is primary or secondary, being due to a failure of circulation. Clinically they may look alike, and as a precaution all cases of asphyxia should be inverted along with artificial respiration, as well as injections of strychnia. I agree with Dr. Arnott, in thinking the beneficial action of alcohol is usually obtained by reason of its narcotic effect only in a narcotic dose, but disagree with him in thinking alcohol never a stimulant. Chloroform stimulates in the early stage, the nerve centres, so may alcohol, but I will not suggest that either one is ever a heart stimulant. It is safer to administer chlorform in labor than elsewhere; because, 1st, there is a physical hypertrophy of the heart. 2nd, the full uterus presses on the abdominal vessels and partially prevents syncope. Watching the pulse constantly is useless; taking it occasionally does no harm, though the face is a better guide. If the abdomen contain a tumor be careful about inverting your patient for fear of this tumor pressing on the diaphragm and partly inducing asphyxia."

Dr. Ryerson's paper on "Otitic Cerebral Abcess" was passed over on account of the absence of the writer.

A paper by Dr. G. L. McKelcan, of Hamilton, on "Angina Ludovici" was then taken as read.

The symposium on hip-joint disease was opened by Dr. Gibson, Belleville, with a paper on its "Early Diagnosis." He was followed by Dr. G. A. Bingham, of Toronto, on "Expectant Treatment"; Dr. A. Primrose, of Toronto, on the "Operative Treatment"; and Dr. McKay, Ingersoll, on "Mechanical Treatment before and after."

Dr. Groves was here called on to read his paper on "Supra Pubic Cystotomy."

Dr. B. E. McKenzie, Toronto, followed with a paper on the "Prevention of Unnecessary Deformity in Hip-joint Disease."

The discussion of the whole question was opened by Dr. Bingham, of Toronto, who said: "Traction is a prime factor in fixation of a joint. There is no objection to a patient going about with a fixation splint as soon as possible after operation."

Dr. Primrose, of Toronto, said: "Dr. McKenzie in his remarks referred to a case which had been submitted to the operation of excision, and was now probably dying of pyæmia. I operated on the patient referred to, and wish to state that the case was one of advanced hip-disease with the development of a large abcess when first brought under treatment. The condition urgently demanded surgical interference by operation, and an attempt was made by excising the joint to remove the disease and to secure free drainage. The disease was acetabular. The child's chances were undoubtedly improved by the operation, and the surgical interference is in no way responsible for his present condition. I hold that it is unfair to cite such cases as throwing discredit on operative procedure in hip-joint disease. The question really at issue is concerning the advisability of treating early hip disease by operation or by fixation apparatus. The case referred to by Dr. McKenzie proves nothing as far as the question under discus-