IV. The Dangers of the Administration of Ether in Nephritis and in Bright's Disease. By HENRY B. MILLARD, M.D., (New York). A case is related in which acute nephritis of the severest character, although not fatal, resulted from the administration of ether, even though the patient was not under its influence more than fifteen minutes, the patient being at the time of the operation—curetting of the uterus—affected with a mild degree of chronic catarrhal nephritis. The author believes ether to be productive, when administered in nephritis, of a double source of danger: (1). The production of paralysis of the renal nerves and their terminal filaments, leading to passive congestion or inflammation of the renal vessels, glomeruli, etc.; (2). The impossibility on the part of the kidneys of eliminating the ether, and its consequent retention in the system. He believes chloroform to be much safer in cases of nephritic trouble, although the volume of evidence is not yet sufficient to demonstrate it, and suggests cocaine locally as a substitute in many cases.—*N. Y. Med. Rec.* Jan. 29, 1887.

V. The Selection of Chloroform or Ether as an Anæsthetic. By ARPAD G. GERSTER, M. D. (New York). This paper is a protest against the indiscriminate use of ether and an appeal for more scientific methods in the selection and administration of an anæsthetic. I. It being admitted, however, that on the whole, ether is the less dangerous anæsthetic, preference should be given to it, especially when anæsthesia has to be conducted by an inexperienced person. But (1) ether should not be used as an anæsthetic in cases of present or even suspected acute or chronic nephritis; referring to the remarks of Emmet, Carpenter, Millard and others, the writer relates a case of operation for strangulated hernia in which the patient rallied well from the operation, but succumbed ten days later to acute nephritis consequent upon the anæsthesia, although there had been no indications of kidney trouble previous to the operation. The immunity with which chloroform has been used in cases of puerperal eclampsia, as well as in other renal troubles, justifies him in stating that a careful examination of the urine should carefully precede every anæsthesia, and the presence of albumen or casts should be considered a positive

contraindication to the use of ether, and a direct indication for the use of chloroform. (2). Chronic catarrhal affections of the bronchi of the aged and perhaps of infants frequently develop into catarrhal pneumonia terminating in the death of the usually enfeebled patients in question after anæsthesia from ether. The very profuse secretion and inspiration of saliva into the air passages seems to be the main cause of this pneumonia observed after the inhalation of ether; the cold fumes of the drug seem to blunt the sensibility of the bronchial mucous membrane to such an extent that the entrance and presence of even vomited matter does not excite a sufficient stimulus to vigorous reflex action or coughing, especially at the end of prolonged anæsthesia. Six cases are quoted in support of this thesis, in none of which the operation was performed upon the mouth or air passages, and in which consequently there could have been no complicating entrance of blood. (3). A change from ether to chloroform is justified and proper when complete relaxation and loss of sensation indispensable to the performance of an operation cannot be induced by the former agent, and where local anæsthesia by cocaine or ether spray is impracticable. In 11 out of 125 cases in the German Hospital in 1886, in spite of careful preparation of the patient and proper administration of ether by a competent and experienced physician, relaxation could not be produced; but a change of the anæsthetic was generally followed by the desired state of tolerance and relaxation. Four cases are detailed to sustain this point.

II. The contra-indications to the use of chloroform are of two kinds—extrinsic and intrinsic. (1). The former is the carelessness or incompetency of the anæsthetizer, which is undoubtedly graver with chloroform than with ether, but for which no help is to be looked for. (2). The only valid intrinsic objection to the use of chloroform is a weak heart from any cause, be it fatty degeneration, great anæmia or nervous influences. (a) The fluttering, compressible and irregular quality of the pulse, together with other clinical aspects of the case, will readily indicate the presence of fatty changes of the heart fibre—in which case even ether should be used with great caution—and (b) deep anæmia is readily diagnosed. (c) Functional heart weakness