between the Bureaus. I am quite sure any such action would be welcome.

The resolution was then put to a vote and was carried.

Dr. Waters: I was going to offer a substitute that we appoint such a committee as Dr. Palkin has suggested and let it take the place of Dr. Wells' resolution. I ask that a Contact Committee be appointed to serve in the capacity of contact between the Bureau of Chemistry and our organization, in the study of anaesthetic drugs, the number to be named by the Board of Governors. Its function shall be to get facts from the anaesthetists of the United States and Canada, to co-operate with the Bureau of Chemistry, Department of Agriculture, to be a permanent committee from year to year along with the other committees appointed, not for one month's work, but from year to year to continue that contact, the committee to function for one year and to be re-appointed each year.

Dr. Young: If we act as a Committee of the Whole, it will never be done; there must be someone responsible for the urging on of this matter in finding out facts and bringing them to Washington.

Dr. Waters: This is to supplement the working of the previous resolution.

(Upon being put to the vote the substitute was adopted).

STUDIES OF THE RESPIRATORY REFLEX EFFECTS OF ETHER: II. IN RELATION TO URINARY SECRETION.

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Summary.
It is common knowledge that irritation of the respiratory tract produces reflex disturbances roughly proportional, within physiological limits, to the intensity of the irritation. We have recently reported to the International Anaesthesia Research Society comparisons of the volatile anaesthetics upon this basis showing that the chloroform and ether types induce marked reflex effects especially cardioinhibitory and vasomotor, whereas nitrous oxide, ethylene, and propylene are almost without such effects.
A phase of this vasomotor reaction, reflex vasoconstriction of the kidney causing anuria, is the subject of this report.

By the simple device of forcing an animal to breathe through a tracheal cannula, the upper portion of the tract can be isolated in order to apply irritant gases to it. These gases may be led through this part by inserting a tracheal cannula pointing upward toward the larynx.

Many reports of "ether anuria" are to be found in the clinical literature. The usual explanation for such has been that toxic effects upon the kidney arise from the anaesthetic in the blood reaching it. Occasionally, circulatory disturbance is mentioned as a possible factor. It is possible for direct action to play a part clinically, but during our experiments no anaesthetic entered the circulation, yet anuria, of long duration was easily produced. This may occur from a single application of ether or other irritant to the isolated upper portion of the respiratory tract lasting at most only a few minutes.

Ether is more prone to produce anuria than any of the other irritant anaesthetics because the concentration necessary in the respiratory tract to induce and maintain anaesthesia is very much greater, hence the local irritation is more intense. This is the reason ether has come to be regarded as having a specific effect upon the kidney.

That this experimental anuria is due to local irritation and not direct renal damage is shown in other ways. Ether given by the stomach, rectum, or intravenously is without such an effect. Also, cocainizing the upper respiratory tract prevents its occurrence.

Of course, the existence of disease in the kidney would, no doubt, add to the gravity of the situation from the direct action of such drugs upon the kidney. But in general this must be a minor factor.

While it is possible by proper care to avoid anuria even when ether is used, yet it is felt that the results here reported constitute another vindication of the more modern methods of anaesthesia.

Next followed a paper by Dr. John Leshure, New York City, entitled "Further Observations on the Use of Barbital as a Preventa-
tive of Cocaine Toxicosis," in which the following conclusions were presented:—

1. Barbituric-acid compounds have been demonstrated by both biological and clinical investigations to be safe and efficient antidotes to cocaine, and of this group sodium-barbital, because of its solubility, is probably the most satisfactory preparation.

2. To obtain the most efficient results the drug should be given at least one-half hour before inducing analgesia.

3. It may be combined with a small amount of morphine in selected cases, and may be used preliminary to general narcosis with cocaine epinephrin synergistic analgeso-ischemia.

4. The dose by mouth is from 4 to 8 decigrams, (6 to 12 grains), but in case of need the drug may be given subcutaneously or intravenously.

ANÆSTHESIA AND INHALATION THERAPY AS COMBINED SPECIALTIES.

By John H. Evans, Buffalo, New York.

Summary.

In the selection of a specialty there should be two outstanding considerations: First is service to the public, and second is that of making a livelihood. When combined specialties are to be considered they should be studied with the view of their relation to each other. Study and experience in one would be helpful to the other. In combining the specialty of anaesthesia and that of inhalation therapy the two work together for mutual advancement, and therefore to greater service to the public. As many anaesthetists do not have their time fully occupied by their work, the additional revenue from another specialty helps to make also for a better livelihood.

Inhalation therapy is the natural heritage of the anaesthetist, for the study of respiration and the physiology of gases, together with experience in their administration, the handling of compressed gases and familiarity with apparatus, have already qualified him to a certain extent for the practice of inhalation therapy.

The constant study of colour in the administration of anaesthetics has trained him to readily detect slight shades of cyanosis which is an essential asset in applying oxygen