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### Original Communications.

#### THE A. C. E. MIXTURE.

##### THE BEST ANÆSTHETIC IN OBSTETRICAL PRACTICE.

Read before the Montreal Medico-Chirurgical Society, December 18th, 1885, by A. LAPHORN SMITH, B.A., M.D., M.R.C.S. Eng., Professor of Medical Jurisprudence, Medical Faculty, Bishop's College.

In case that some apology for reading a paper on this subject might be considered necessary, let me just for a moment recall the different anæsthetics at present in use, and see if any one of them fulfils all the requirements of the profession, either in general surgery, or more especially in midwifery practice.

The requirements for the best anæsthetic are:

- 1st. Absolute safety.
- 2nd. Capacity for producing anæsthesia, either complete or incomplete, according to the requirements of the case, and for a long or short period of time.
- 3rd. That the patient should go under it quickly and quietly, and come out of it rapidly.
- 4th. That it should cause little or no unpleasant after-effects.

I think we will all agree that none of the more generally-employed anæsthetics possesses all these advantages.

Nitrous oxide gas requires a cumbersome apparatus in which to carry it about, and as its effects are obtained principally by suffocating the patient, as evidenced by the blackness of the blood, it can only be safely administered during a

period of time, so short as to suffice only for such trivial operations as extracting teeth and opening abscesses, etc. For such it is perhaps the very best possible, but, outside of the dentist's office, it is almost a complete failure, while even there it does not hold undisputed sway, when ever, by reason of the number of teeth or difficulty of extraction, more than a few seconds are required to complete the work.

The great objection to chloroform is the lack of the first requirement, absolute safety. Now, when I speak of absolute safety, I do not mean to credit this delinquent with all the deaths that are put down to its charge. It is manifestly unfair to put down to the anæsthetic the ordinary chances and hazards of life, and, still less, when the chances of death are considerably augmented by the unusual condition in which the nervous system almost always is just before an operation—to say nothing of the shock produced by the nature of the operation itself. To illustrate my meaning, I may recall two incidents; one related by Gross, that of a man who was to have a small sebaceous cyst removed from the scalp, and who, just before the operation, decided that he would not take an anæsthetic. The surgeon had scarcely touched him with the knife when he suddenly ceased to live. Now if the patient had even drawn a single breath of anæsthetic his death would most surely have been charged to its account. The other case narrated by Mr. Holmes was that of an old man with extensive disease of the heart. He was placed under chloroform, and the operation completed without any bad symptoms. A few days later he fell down dead while walking across the ward. If the ordinary chances of life, consistent with such