ANÆSTHESIA AND ANALGESIA.*

By DR. H. H. OLDRIGHT, Toronto.

Regarding the relative efficiency of ether and chloroform, each, he held, had its special advantage. It was hard to say which was used more. In the Tropics, of course, chloroform was largely used. According to Hewitt more depended on the anæsthetist than on the anæsthetic in regard to the safety of the patient. Treves thinks ether is preferable as a general anæsthetic. He holds that no anæsthetic should be used in collapse. Incidentally the reader of the paper referred to the value of whisky as an anæsthetic. The depth of anæsthesia must differ according to the severity of the operation. Dr. Oldright believes that ether is the safer anæsthetic as a rule, but from an wide experience with chloroform during the past six years he is of the opinion that the danger in its administration is overrated. There were times when he had to change to ether where stimulation was required, but in cases where this was not required he had found chloroform most satisfactory. The neurotic, with shallow or irregular breathing, the adynamic and the anæmic do not stand chloroform well. The essayist quoted Lyman, of Chicago, who states that during twenty-eight years from the time of the introduction of chloroform in the Royal Infirmary at Edinburgh there were only two deaths, and during the past ten years there were 36,500, with one death. A long list of such statistics follow: Elser, of Strasburg, had 16,000 with no deaths; Kidd, of London, French army in the Crimea, 30,000 with two deaths; English army in the Crimea, 12,000 with one death; Bardeleben witnessed 30,000 with no deaths, etc. Summing up showed ether 99,255 cases with six deaths (1-16,542); chloroform 492,235 cases and eighty-four deaths (1-5,860).

Speaking of analgesics, Dr. Oldright called attention to the value of eucaine, which was reported to be much less toxic than cocaine. Ethyl chloride had proven to be a very useful local anæsthetic. In using cocaine the injection should be made before the application of Esmarc's bandage, to allow for the circulation of the dr g in the tissues. With ethyl chloride, on the other hand, a prolonged effect was gotten by applying the bandage first, thus preventing the warm blood from thawing the frozen area.

Dr. Oldright recalled two cases of mania following the use of nitrous oxide. Speaking of the effect of chloroform in cases of morphia, Dr. Oldright said he had kept one such patient under fifteen minutes with one drachm (drop method). In the second case the stage of excitement was very marked. The chloroform was discontinued and ether given, owing to irregularity of the heart. The anæsthesia was not deep, although a large amount of the anæsthetic was used. Dr. Oldright then called attention to the anæsthetic action of an Esmarc bandage. Having anæsthetized a patient with chloroform and applied the bandage and tourniquet, the patient was in the most favorable condition to feel the least pain, requiring only the minimum amount of the anæsthetic, thus lessening the risk very materially. Dr. Oldright pointed out that in operations on the trunk it was to be noted during the incision through the skin the patient was stimulated reflexly; at this juncture it was a mistake to use a greater amount of the anæsthetic, for this stimulation soon passes off.

He had seen Senn do a secondary colotomy operation on an old woman without an anæsthetic. It was not necessary therefore to keep the patient as

*Abstract of paper read at the Toronto Medical Society.