



I. It is, so far as I am aware, perfectly safe. I was told that it was so considered in Vienna, and I have used it almost daily for twelve months, giving it in major and minor operations, sometimes for long intervals of time, an hour or an hour and a half to old and young, in midwifery cases, and in the dentist's chair, and so far have never seen any evidence whatever of any unfavorable action.

II. It is easily administered. The anæsthetizer stands at the head of the patient, allows the inhaler to lie loosely on the patient's face, and frequently drops a *small quantity* upon the inhaler without removing it from the patient's face.

III. I cannot say that the patient goes under its influence more rapidly than under the influence of chloroform or ether; but one very important advantage will be noticed, viz.: that there is absolutely no struggling, and seldom much talking. Any one who has struggled a few times with a powerful man, or woman either, half under the influence of ether, will readily appreciate the advantage of an anæsthetic, which invariably produces its effect without any struggling whatever.

IV. Another important advantage it possesses is that there is seldom any vomiting or retching during or after its administration. This is particularly appreciated after abdominal sections, although retching and vomiting are at any time sufficiently objectionable, for more reasons than one, to be avoided whenever possible.

V. The patient comes rapidly from under its influence, as soon as its exhibition is stopped.

VI. Among its lesser advantages, may be mentioned the absence of smell to such an extent, that it will scarcely be noticeable in a room half an hour after its administration has ceased.

VII. The patient is not saturated with it, does not retain the odour and taste of it as of ether.

VIII. It does not produce any bronchial irritation with frothy mucous collections, always an important condition to avoid, and especially so in operations upon the air passages, as for instance in tracheotomy for croup and diphtheria. I believe many fatal issues after this operation are at any rate partly due to the irritating properties of ether, on the trachial and bronchial mucous membranes, putting them in a favorable condition to receive and retain the germs of the disease, carried down during the respiratory efforts.

IX. So far as I have been able to observe, it is unirritating to the kidneys.

X. Is very easily carried, takes up but little room in pocket or medicine case.

XI. A very small quantity is used. The other day in the Western hospital, a woman was kept under its influence 40 minutes, during the exploration and drainage of an abscess of the broad ligament, and only one fluid ounce was used.

Now I have said nothing in praise of this mixture, which I think will not be found true by all those who will use it, and I would urge strongly a trial of it by one and all. For some years I have been thoroughly dissatisfied with ether. It is very disagreeable—it permeates and renders unpleasant a room for hours after its use, and it is only too often followed by nausea and vomiting; and in my experience these unpleasant symptoms follow its use in a large percentage of cases, even when its administration has been preceded and followed up by the most careful and approved methods of preparation and after treatment of the patient.

Chloroform pure is more pleasant; but being more powerful, and thereby necessitating more careful and skillful use, has been followed too frequently by fatal results. It differs from ether also in this respect, that when it kills it kills at once; and when ether kills, the fatal result is delayed several days or weeks, death finally resulting from lung or kidney trouble.

One more point I should like to mention, that is that whatever anæsthetic is used, do not under