Surgeon—Dentist.
Witnesses—Dr. Carveth, Dr. Perfect, Dr. Harrison.
Ether—Standard.

REPORT FROM MRS. B.—

"Arrived home about 1.30 a.m. feeling pretty good considering, so much so that I walked home rather than get in and out of a street car. Had a cup of tea and soaked biscuit and laid down. When taking the ether I did not have any going away sort of feelings and was not at all nauseated. I can remember coming round partly before the dentist finished, but it caused me no pain. I could have eaten hot roast pork had there been any and my mouth permitted."

(Signed) LALLIE B.

3. Subject—Female, age 35, weight 115 lbs.
Operation—Cholecystectomy and appendectomy.
Administration—By Dr. Cotton's special apparatus. Time for induction 5 minutes. Previous pulse, 100. Pulse during operation, 70. Relaxation during first part of operation was easily obtained. Duration of operation 1 hour and 20 minutes. Amount of ether used was 3.5 ozs. Regurgitated 1 ozs. but did not remember it or suffer from any after nausea. She was able to talk while being returned from the operating room.
Surgeons—Drs. Perfect and Harrison.

Besides these reports a number of opinions of interest and value have been given concerning Cotton Process Ether Anaesthesia. The Carveths, of Toronto believe it to be ideal as an induction anaesthetic, for it is very rapid and out of a fair number of cases they have not yet noted any excitement stage. They like continuing it by any method whatever on anything but abdominal work. Here, they state, that the patients' muscles cannot always be completely relaxed, although there is never any muscular spasm. This opinion has been corroborated by some other anaesthetists and therefore deserves consideration.

I myself have found that by open methods, although the amount required is not large, recovery is so rapid from deep stages of sleep that careful watch and even drop rate administration is required. By oxygen semi-closed apparatus the maintenance is much more regular. But, however if it is badly administered a certain amount of salivation results.

## POST-OPERATIVE NAUSEA

Relative to the anaesthetic post-operative nausea has from a practical standpoint been recognized for years as the great disadvantage of ether administration. In a previous paper it was shown that Carbon-monoxide was produced by superheating of ether in contact with a metal and the slighest trace of this poison when present in ether will produce severe nausea. It is frequently introduced into ether by the high temperature from soldering the can. It was also mentioned "that if a certain ether was not a sufficiently powerful anaesthetic due to the absence of its synergists, a very large amount of the ether or narcotic group will have to be administered and post narcotic sickness must follow."

With our ether, nausea after the patient was awake, has not yet occurred as far as I know, but regurgitation before waking has frequently taken place in oxygen semi-closed methods when the ether was stopped too suddenly. However, in choosing our patients for this anaesthetic, attention was always paid to the urine analyses in order to detect whether there was present any degree of acidosis. In judging the sickening effect of any anaesthetic it is also well to bear in mind the following two facts:

1. Post-operative nausea rarely occurs in old people especially when they are suffering from any degree of blood pressure.

2. A certain class of operations having to do with the intestines, especially the gall bladder, will of themselves give rise to nausea.