

## TORONTO UNIVERSITY SENATE ELECTION.

We regret exceedingly to announce that Dr. Thorburn was defeated at the recent election of the Senate of Toronto University. This diminishes the number of medical representatives by two, as Dr. Graham was one of the retiring members. This result has arisen, not from any objection to Dr. Thorburn personally, but because the Graduates in Arts so largely predominate. We fear that we may lose our medical representative entirely, unless some change is made, by which the graduates in the different departments will be allowed to elect their own representatives.

The members elected are Messrs. Loudon, Coyne, and Kingsford, with whom we have no fault to find. If we had to choose from the *arts men* alone, better men could scarcely be selected.

## ETHERISATION BY THE RECTUM.

While it is universally admitted that of the two great anæsthetic agents ether is by far the safer, it is no less generally admitted that chloroform is the pleasanter both to administer and to inhale. Any method then which promises to lessen the unpleasant primary effects of the safer agent, while in no way increasing the dangers of its administration, will be received by surgeons the world over with feelings of thankfulness and satisfaction.

Dr. Daniel Mollière, of Lyon, acting upon a hint derived from Dr. Axel Yversen, a surgeon of Copenhagen, has been producing profound anæsthesia in a few moments by ether injected into the rectum. In his first case the ether mixed with air was forced into the rectum by a Richardson's atomizer. In ten minutes the taste of ether was perceived in the mouth, and the breath exhaled a strong odour of the ether—the patient began to talk incoherently; a few whiffs of ether to the nostrils immediately produced profound anæsthesia. In his other cases the ether was made to

boil by placing the flask containing it in a vessel of water at 50° C. The vapour was conducted into the rectum through a rubber tube connecting with the neck of the flask. The quantity of ether necessary was very small; it was estimated to be about ten grammes in one case; very small or insignificant in others. The period of excitement was suppressed, or so slight as to be scarcely noticeable. The time required to bring the patient under the influence of the ether was short, five or six minutes. There was no nausea or vomiting, and it leaves the surgeon untrammelled in operations about the face.

M. Delore, of Lyon, who also successfully tried this plan, found that a too rapid disengagement of the ether vapor gave rise to severe intestinal colic and escape of ether from the anus, his patient also was nearly asphyxiated, which he attributes to an accumulation of the ether in the intestine, which continued to be absorbed after the withdrawal of the tube, and after profound anæsthesia had been produced. He found it a difficult matter to regulate the quantity of ether absorbed.

Since the appearance of Dr. Mollière's article in the *Lyon Médical*, the New York surgeons have been making successful trials of this method. Their experience in the main corroborates that of the Lyonnais surgeons. At the same time they have met with drawbacks, such as intestinal irritation and diarrhœa, which was considered the cause of death in one case. Their conclusions appear to be that it is a valuable addition to the ordinary method, but is not advisable for prolonged operations.

The method apparently possesses advantages, and may be applied in hospital cases and in private practice in most cases. It remains to be seen whether it is applicable, or rather if it will be submitted to by patients who desire anæsthesia for the extraction of teeth, a class of cases which has given rise to a large number of accidents, and which we at least always under-