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Selections: Medicine.

ETHYLIZATION:

THE ANÆSTHETIC USE OF THE BROMIDE OF ETHYL.

BY DR. LEVIS, PHILADELPHIA.

My observations of the anæsthetic action of the bromide of ethyl, which commenced in April, 1879, have been directed to its physiological action in the human subject, to its practical application in the relief of human suffering, and to its value as compared with other anæsthetics. Every administration has been carefully watched and studied, and records of its phenomena have been made as they were observed. From such basis of experience, I present some facts which may at least help toward a proper estimate and appreciation of its therapeutic value.

Since the publication of my recent articles on the subject in the *Philadelphia Medical Times*, my continued observations have been generally confirmatory of the statements then made. I now summarize the deductions from my entire experience in the anæsthetic use of the bromide of ethyl, and present my convictions in regard to its comparative value.

The terms bromide of ethyl and hydrobromic ether are arbitrarily applied by chemists, in accordance with differing chemical nomenclature; but, for distinctiveness, and without reference to chemical accuracy, I prefer the former expression. I prefer to give to the substance the generic name of ethyl, and speak of ethylizing and ethylation on the same grounds as, by common consent, the words ether and etherization are applied to sulphuric ether.

The decided characteristics of the administra-

tion are its rapidity of action and the quickness of recovery from its impression. I have produced complete anæsthesia in cases of young children in less than one minute. The longest period required to produce the anæsthetic state in adults has not exceeded five minutes.

The ethylized patient recovers much more rapidly than is the case with chloroform or ether. Intellection and muscular co-ordination are regained very soon after the inhalation has ceased. In some instances these functions return as quickly as after the administration of the nitrous oxide gas, and frequently the patient, on awakening, is able to at once stand erect and to walk.

If the anæsthetic impression be slowly effected, a brief period of intellectual excitement, associated with muscular action or rigidity, may occasionally be manifested; but violent emotion and struggling, if they should occur, are more moderate, brief, and transient than in the early stage of the anæsthesia of ether or chloroform. The stage of excitement can generally be avoided by making a rapid impression of the anæsthetic. I have observed that persons accustomed to the habitual use of alcoholic stimulants are less readily impressible by anæsthetics generally, and with them a stage of excitement is apt to precede anæsthesia. In this class of subjects narcotics act as stimulants, and the same holds true with regard to anæsthetics.

As anæsthesia is developed, the circulation generally shows evidences of moderate excitement, as indicated by some increase in the rapidity of action of the heart, and the pulse evinces greater general arterial tension. The face of the patient usually become brightly flushed, and, when anæsthesia is profound, the forehead and the general surface are apt to be moist with sweat.