

I then made a mask which appears to be satisfactory. With it, analgesia results after four breaths have been taken, and the patient is only depended upon to hold the mask over the face.

The photographs on page 229 are, for most part, self explanatory. Figs. A & B view the mask from the side, while C shows the face part. Fig. D represents the shutter by which the ether is turned off and on. Ether is turned off when handle on shutter points towards nasal end. The patient then will breathe directly into the bag. In order to turn the ether on, the shutter is rotated towards Intake Tap. Ether can be either poured in by unscrewing the tap or an aliquot can be introduced from ampule when it is inserted.

To use the mask for prolonged work oxygen had to be run into the bag, at the rate of 6-12 litres per hour. If the accumulation of carbon-dioxide became excessive in the bag, that is, the patient's breathing became stertorous, the bag was emptied of its gases and the patient was allowed to take a few breaths of air. For short work, oxygen is not necessary as the patient is ordered to blow a big breath of air through the mask into the bag before starting.

One case lately demonstrated at the Western Hospital had been knocked down by a motor car and the clavicle fractured. She did not want an anaesthetic on account of prejudice, but when told she could give it to herself she was more satisfied. The patient talked during the whole operation and was entirely without pain until six minutes after the anaesthetic was stopped. She then stated she wanted more of it as it made her happy. There were of course no after effects. Major Harrison of the British Army, was in charge. A second case was undertaken with this same apparatus. The patient was 70 years of age and weighed 110 lbs. Operation was to open knee joint. He required $2\frac{1}{2}$ minutes to induce to analgesia. The time of operation was over 12 minutes. About one ounce of ether was used and the patient was not at any time abnormal mentally.

For ordinary dressing cases or probing of wounds, only one to two c.c.'s of ether are required when the mask is used. As many as twelve dressing analgesias have been induced with one ounce.

Re War Administration. One very important point on the battlefield is that of cigarette inhalation immediately previous to anaesthesia by any ether. If the subject has inhaled cigarette smoke within ten minutes of his induction, the systolic blood pressure will rise from 30 to 100 points beyond that which would normally take place, and even heart dilatation may result. He will always suffer from a headache afterwards. Cigarette inhalation following an anaesthetic always aids their recovery from it.

Many men have complained to me that in order to use this gas ether they had to learn new and complicated methods of administration, and they did not seem to recognize that this knowledge simply allows them to understand the materials they thought they were so familiar with. In fact, the statement only goes to emphasize that anaesthesia is a specialty requiring the highest possible education in both chemistry and physiology. Unfortunately, certain members of our profession, due most likely to their lack of interest in the subject, have adopted the layman's view that an anaesthetist is a mechanical technician who pours a certain dose of anaesthetic down the neck of his patient. It is quite true that a number in their pecuniary endeavor certainly may be no better, and the place of these few might with profit be replaced by a nurse, or even a trained orderly, and such could certainly not be called anaesthetists; they are at best assistants to the surgeons. If this view is persisted in it will not only endanger human life but further progress in anaesthesia will be completely blocked and a blissful ignorance will reign.

A number of nurses who have witnessed analgesia work with this ether for dressing cases have been delighted, inasmuch as they considered the thing so simple that it represented the