

of person is very difficult to anaesthetize.

As to the merits of anaesthetic mixtures such as C.E. or A.C.E. there is a wide divergence of opinion, but it is safe to say their use is, if anything, on the decrease and wisely so. In anaesthetics you are dealing with dangerous drugs and giving mixtures where one drug more or less masks the symptoms of the other is dangerous practice.

Nitrous oxide and oxygen produces a light anaesthesia and amongst some anaesthetists has become very popular. With it there is early loss of consciousness, with quick return when it is stopped. There is little or no post-anaesthetic nausea or vomiting. Crile has successfully given nitrous oxide with oxygen in over two thousand cases. It is contra-indicated in alcoholics and in cases with a hypertension pulse. This "gas" anaesthesia is best administered with a Hewitt or Teter apparatus. There should be a steady flow under low tension of both the nitrous oxide and oxygen. Great cautiousness and skill are required in giving this gas mixture, as alarming symptoms may appear, with but little warning. In many cases this gas anaesthesia, followed by ether, makes an ideal anaesthetic. The oxygen is used to control the asphyxial complications.

7. POST-ANAESTHETIC TREATMENT.

Immediately after completion of the operation return patient to the ward or recovery room, which should be quiet, not too bright, and with plenty of fresh air, the fresh air being a very important point in quick recovery. Hewitt recommends, when conditions permit, placing the patient back to bed on his right side, with a pillow at his back. In this position tongue falls to side of mouth, there is free access of air to the lungs and noisy breathing usually ceases; mucus and saliva are not swallowed, and any vomited material may be expelled without any interference with the breathing. The patient should be carefully watched until he recovers consciousness.

The drop method of administering ether and chloroform, plus our increased knowledge and practical experience with these drugs, has greatly lessened the frequency and severity of post-anaesthetic nausea and vomiting.

As Halperin in a recent issue of the *Medical Records* points out, ether and chloroform may cause vomiting in more than one way: first, by directly disturbing the vomiting centre; secondly, by elimination of the drug into the stomach; thirdly, by producing a condition of acidosis; and, fourthly, perhaps by disturbing the organs which are concerned in the maintenance of balance as semi-circular canals, whereby a condition not unlike sea sickness is produced.

Amongst the secondary or indirect causes of vomiting the following may be mentioned: