

disease—e.g., empyema—is fraught with risk. Safety to the patient and comfort to the operator can only be insured by long experience, caution and skill.

"It is quite impossible to suppose that all medical men can be educated to such a high degree of excellence. They should, however, be enabled during their hospital career to attain a sufficient knowledge to fit them to estimate the limits of their own capabilities, and to know when a given case is difficult or dangerous.

"In districts remote from large cities it is the duty of every man bravely to encounter difficult and dangerous cases, and do his best by them.

"If once the young practitioner grasps the fact that every case of anæsthesia is a study in itself, in the selection of the appropriate agent for safety and for the operator's convenience, fully appreciating that every case has its peculiar risks and after-dangers, he will continue to improve as years advance."

In estimating the relative mortality under the various anæsthetics, Dudley Buxton states that the safest known anæsthetic at the present day is nitrous oxide, the death rate of which he gives as one in 100,000. Ethyl chloride ranks second with one in 12,000; then follow ether, one in 10,000; A. C. E. and C. E. mixtures, one in 7,500; and chloroform, at least one in 1,000.

Looking at these figures, one cannot help deducing the fact that some of the known anæsthetics are less likely than others to act in a toxic manner on the human organism, and we are therefore surely bound to use the safest anæsthetic which we possibly can for a given operation, taking the circumstances of the case into consideration. For instance, we have no right to give chloroform to a patient for the extraction of a few teeth, if nitrous oxide or ethyl chloride and ether are available.

Similarly, if a patient is to be curetted and there is no contra-indication to ether, we should administer this anæsthetic, or at any rate C. E. mixture, in preference to pure chloroform.

At the same time unreasonable bias is to be avoided, and if an operation on the brain is to be performed, we are equally bound to administer chloroform or C. E., as in this case the immediate necessities of the operation must be foremost, and the high death rate for chloroform must not make us frightened to use it when clearly indicated.

THE CHOICE OF AN ANÆSTHETIC.

Leaving aside for the moment exceptional cases, the practice of employing one anæsthetic for all cases is now looked upon as