

Perhaps I may be excused from adding, that since publishing on the subject of Ether Inhalation in Midwifery, seven or eight months ago,* and then, for the first time, directing the attention of the medical profession to its great use and importance in natural and morbid parturition, I have employed it, with few and rare exceptions, in every case of labour that I have attended with the most delightful results, and during periods varying from a few minutes to three, four, five, and six hours. And I have no doubt whatever that some years hence the practice will be general. Obstetricians may oppose it, but I believe our patients themselves will force the use of it upon the profession.† I have never had the pleasure of watching over a series of better and more rapid recoveries; nor once witnessed any disagreeable results follow to either mother or child; whilst I have now seen an immense amount of maternal pain and agony saved by its employment. And I most conscientiously believe that the proud mission of the physician is distinctly twofold—namely, to alleviate human suffering, as well as preserve human life.

In some remarks which I published in the *Monthly Journal of Medical Science* for September 1847, relative to the conditions necessary for insuring successful etherisation in surgery, I took occasion to insist upon the three following leading points:—"First, The patient ought to be left, as far as possible, in a state of absolute quietude and freedom from mental excitement, both during the induction of etherisation and during his recovery from it. All talking and all questioning should be strictly prohibited. In this way any tendency to excitement is eschewed, and the proper effect of the ether-inhalation more speedily and certainly produced. And, secondly, with the same view, the primary stage of exhilaration should be entirely avoided, or, at least, reduced to the shortest possible limit, by impregnating the respired air as fully with the ether vapour as the patient can bear, and by allowing it to pass into the mouth and nostrils, so as rapidly and at once to induce its complete and anæsthetic effect . . . a very common, but certainly a very unpardonable error, being to exhibit an imperfect and exciting, instead of a perfect and narcotizing, dose of the vapour. Many of the alleged failures and misadventures are doubtless entirely attributable to the neglect of this simple rule; not the principle of etherisation, but the mode of putting it in practice, being altogether to blame. But, thirdly, whatever means or mode of etherisation is adopted, the most important of the conditions required for procuring a satisfactory and successful result from its employment in surgery, consists in obstinately determining to avoid the commencement of the operation itself, and never venturing to apply the knife UNTIL the patient is under the full influence of the ether vapour, and thoroughly and indubitably soporised by it."

In fulfilling all these indications, the employment of chloroform evidently offers great and decided advantages in rapidity, facility, and efficiency over the employment of ether. When used for surgical purposes, I would advise it to be given upon a handkerchief, gathered up into a cup-like form in the hand of the exhibitor, and the open end of the cup placed over the nose and mouth of the patient. For the first inspiration or two it should be held at the distance of half an inch or so from the face, and then more and more closely applied to it. To insure a full and perfect anæsthetic effect, more especially when the operation is to be severe,

a teaspoonful or two of the chloroform should at once be placed upon the hollow of the handkerchief, and immediately held to the face of the patient. Generally a snoring sleep very speedily supervenes; and when it does so, it is a perfect test of the superinduction of complete insensibility. But many patients are quite anæsthetic without this symptom.

Edinburgh, Nov. 22, 1847.

Suggestions on the Inhalation of Chloroform Vapour.—

SIR,—Having employed Chloroform in numerous cases, I have great pleasure in offering additional testimony of its superiority to ether, over which it certainly possesses all the advantages maintained for it by Dr. Simpson. I would also offer one or two remarks as to its mode of exhibition. Dr. Simpson advises a handkerchief twisted into a conical form. At most of the metropolitan hospitals, and by many practitioners, a sponge is used. All the various forms of ether-inhalers seem to be employed, and an especial apparatus has now appeared similar to that employed by Mr. Robinson, for the vapour of ether.

Now, sir, the employment of any form of apparatus is certainly attended with inconvenience, is calculated to awaken the fears of the patient, and the use of the mouth-piece by one person after another disagreeable, to say the least. The use of the sponge has vesicated the lips, as at Bartholomew's; is equally unpleasant, in fact disgusting, as being employed for different persons, and, if held close, causes an obstruction to respiration. The method adopted by Dr. Simpson is undoubtedly superior to either—pouring the chloroform upon a clean handkerchief or small napkin (preferable, as being stiffer); it can be rolled into a conical shape, but leaving an opening at the apex; held a short distance off at first, after two or three inspirations, the base may be brought so as at once to cover the nose and mouth, and, being adjusted by the fingers of the left hand, will fit the face sufficiently for the air respired to pass through the opening at the apex.

The cleanliness of this method is sufficiently apparent: the attention of the patient is not attracted by the action of the valves; no obstruction is offered to free respiration; the air inspired is at a more favourable temperature; and, when the influence is effected, the operator, not having to place an instrument down, with care simply throws aside the napkin, and is at liberty: no time being lost, he need not so permanently soporize his patient—a matter not unworthy of consideration, particularly in minor operations. Since the introduction of etherization, I have constantly employed ether in painful operations, if desired by my patient, but have never had a case occur in which its influence has been so lengthened as in many that have been reported to me. This naturally induces a supposition that a larger quantity is sometimes given, causing a more persistent action than there is any occasion for.

Here, then, is at once the simplest and the best means of exhibiting this agent. All that can be urged against it is simply that a portion of the chloroform must be dissipated also in expiration—a matter not worthy of consideration.—I am, sir, yours, &c.

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—London Medical Gazette.

* See *Monthly Journal of Medical Science* for Feb., p. 39; for March, p. 718 and 721, &c.

† I am told that the London physicians, with few exceptions only, viz., my friends Dr. Protheroe Smith, Dr. Murphy, and perhaps one or two others, have never yet employed ether-inhalation in their midwifery practice. Three weeks ago, I was informed in a letter from Professor Montgomery, of Dublin, that he believed that in that city, up to that date, it had not been used in a single case of labour.

Dr. Snow on the Employment of Chloroform.—At the Westminster Medical Society, Saturday, Nov. 20, Dr. WEBSTER, President, Dr. Snow made some remarks respecting chloroform. He said that this agent, which had been introduced by Dr. Simpson, to be inhaled instead of ether, was preferable to the latter in some respects, although it was impossible that anything could be more efficient than