

Very fat persons do not take ether well on account of the congestion of the tongue and fauces and hypersecretion of mucus it produces. With these patients the C_1E_2 mixture acts well.

Neurotic or hysterical people are liable to spasmodic muscular contraction, and complete muscular relaxation is more difficult to keep; as a rule, with them than with other patients.

With painful lesions, especially in connection with those of the genito-urinary organs, reflex excitability is prone to occur, but certainly the operation should not be begun until this excitable condition is overcome.

For example, in stricture cases, in passing instruments, often when the instrument reaches a particular part reflex spasmodic inspiration is set up, even though there is deep anesthesia. This variation in the breathing may occur when the sphincters are dilated or uterus pulled down.

Very nervous, timid people should be anesthetized with ether rather than chloroform. Even without anesthetics such people have died of fright, and so, owing to the depressing effect of chloroform, ether has the element of safety lacking in the other drug.

Dangerous conditions show themselves in the following ways:

1. Obstruction to respiration, due to foreign bodies such as blood, mucus, loose teeth, etc., congestion of the tongue, fauces, etc., spasm of muscles of the jaw and neck, collapsing cheeks in the edentulous, laryngeal spasm and general respiratory spasm.

2. Depression or failure of respiration.

3. Depression or failure of circulation.

These last two effects may be due to the toxic action of the drug, reflex effect of the operation, or the physical condition of the patient. Depression and even failure of circulation may arise from vomiting, but more frequently in any case with chloroform than with ether as the anesthetic. Therefore the probability of trouble arising, as shown by numerous signals, both in the patient before anesthesia has begun and also after the induction, can to a certain extent be foretold and preventive measures adopted.

When *spasm* and *congestion* occur they are to be met first by pushing forward the jaw behind the angles. If this is not enough, the mouth is to be opened with a gag and the tongue drawn forward with tongue forceps. If the anesthetic is being given with a free supply of air, the spasm will soon pass away. But it may be necessary in thick-necked individuals during anesthesia, and in the edentulous, that the mouth be kept open,