

The Choice of an Anæsthetic.

An interesting discussion on the above subject took place some time ago before the Society of Anæsthetists of London, a full report of which is contained in the Second Volume of the Society's Transactions, just issued. Besides the regular members of the Society there were present, by invitation, a number of the more prominent London surgeons whose views will be read with interest.

Mr. E. F. White, late anæsthetist to St. Thomas's Hospital, in opening the discussion, held that the main point to be considered in making a choice was the question of the greatest safety. For general use, leaving out of account the more recent additions to the list of anæsthetics, he considered that in point of safety the three commonly used agents should be placed in the following order:—nitrous oxide, ether and chloroform. In doing so he quoted as the accepted statistics of deaths under chloroform and ether, 1 to 3000 for chloroform and 1 to 15000 for ether, and contended that this alone should decide between the two. The contention that ether was responsible for many deaths through the production of lung troubles after its exhibition, he thought was not proven, while the number of those who were saved from death during the operation by the stimulating effect of ether, though it could not be estimated, ought to be taken into consideration. Another point was that ether in moderately healthy persons is practically free from risk while chloroform seems to choose the apparently healthy for its victims. In the latter, too, there was no time available for restorative measures, death took place almost instantaneously, while in the former failure was more gradual and could be met by appropriate treatment.

Mr. White well expresses what we think is felt by all anæsthetists who have had a large experience with both agents when he says:—"As an administrator I feel happy when using ether, hearing my patient breathing deeply and regularly with a good pulse, a pulse and respiration that is not suddenly acted upon by reflexes due to the operation. With this pulse and respiration of ether any slight deviation is easily noticed and can be as easily rectified; whereas with chloroform such a change is very sudden and of grave import. The more I give chloroform the more anxious I feel during the administration of it; the converse with ether, for the more I administer ether the more confidence I gain. In operations that are likely to extend over a considerable time the advantage on the side of ether is very great, for after about three-quarters of an hour or even less of an administration, an anæsthetic sleep can be produced that is alike of advantage to the patient on account of the small amount of ether used and to the operator on account of the quiet state of the respiration, ether all the while helping