

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Dec. 18, 1885.

T. G. RODDICK, M. D., PRESIDENT, IN THE
CHAIR.

Unusually good convalescence after Ovariotomy.—Dr. TRENHOLME related the history of the last two cases operated upon for ovarian dropsy. In one case the temperature reached $101\frac{3}{4}^{\circ}$ ten hours after the operation, but the next morning it was normal. The following afternoon (26 hours after operation) it was 99° , but in the evening it was normal, and remained so afterward. After the first day the pulse also was normal. There were no signs of shock or after suffering of a severe character. The tumor weighed 34 lbs., and the patient was convalescent after the 18th day. In fact, manifestly gained in flesh before the end of the first week. The second case was even more remarkable, as the tumor weighed 55 lbs. The temperature reached 100° ten hours after the operation, the next morning it was normal, and, together with the pulse, remained normal afterwards. The patient was up for her meals the 11th day, and going about the house after the 14th. There were no symptoms of shock, no suffering, and not even a sign of tympanitis. The remarkable results obtained in these cases were due, Dr. T. believed, to the smallness of the abdominal incision. In neither case was it more than three inches in length, and in neither case were the intestines exposed to the air—in fact, in one case not even seen. The second point was the mode of securing the pedicle; as in all his operations, Dr. T. employed No. 20 shoemaker's white thread, and ligated the pedicle in small segments. The high temperature of the room, the atmosphere being saturated with vapor of water slightly impregnated with carbolic acid, was believed to have contributed to these favorable results.

Dr. SMITH read a lengthy paper on "*The A. C. E. Mixture, the best Anæsthetic in Obstetrical Practice.*" The conclusions arrived at were as follows—1st A. C. E. is an effective general anæsthetic, producing as deep insensibility as chloroform. 2nd, Its action is rather more rapid than chloroform, but to develop its effects more of it is required, the proportion being about as 6 is to 4. 3rd. It produces a less prolonged, second degree of narcotism than other anæsthetics. 4th,

When its effects are fully developed the narcotism is very prolonged, and is reproduced with great ease. 5th, Its influence on the nervous centres is more uniform, and it creates little, if any, disturbance or break of action between the respiratory and circulatory functions. 6th, The final escape from the organism is rapid, so that the symptoms of recovery are sudden. 7th, In some cases, but very rarely, it produces vomiting. 8th, When it kills, it destroys by equally paralyzing the respiratory and circulatory mechanism.

Dr. KENNEDY had not seen the A. C. E. mixture used often, and in these few cases he was not favorably impressed towards it. He thought it would evaporate irregularly, the ether being more volatile, would go off first, and leave the chloroform and alcohol behind. He liked chloroform for midwifery practice and ether for surgical cases.

Dr. HY. HOWARD said he had used chloroform upon himself continuously for 48 hours for a severe attack of renal colic. He had also taken ether. He had no fear of either of them.

Dr. STEWART had never used the A. C. E. mixture, and believed the little alcohol in it could have no value as stimulus. Bichloride of Methylene had caused a good many deaths in the past ten years. The danger with chloroform did not arise from large doses. Statistics prove that often a small quantity has produced fatal results.

Drs. McCONNELL, Mignault, Armstrong and Trenholme were well satisfied with chloroform for obstetrics and ether in most other cases.

Dr. BROWN said he had never seen post-partum hemorrhage follow the use of chloroform. He gave a few drops on a cone made with a towel or handkerchief, and only when the pain was on, giving a little more just as the head was passing the vulva. He found less danger from tearing if the head be pushed forwards and delivered with the thumb or finger in the rectum in the interval between the pains. He would use ether in placenta prævia, where there had been much loss of blood. Dr. Fordyce Barker advocates the use of chloroform in nearly all midwifery cases. Dr. Kingman of Boston could only find seven deaths recorded from chloroform in midwifery practice, and none from ether; still, we must remember how many more times chloroform is used than ether in these cases.

Dr. BULLER thought the A. C. E. mixture might be very useful. He believed with many that chloro-