

to act, a few artificial respirations would restore the patient. When the anæsthetic was given freely mixed with air, so much of it entered the system that it would be impossible to restore the patient should the heart cease to beat. There was no struggle or difficulty in bringing children under the influence of chloroform when this inhaler was employed, as they became anæsthetized while blowing into it as a plaything.

DR. W. GILL WYLIE had not, so far as he knew, had any fatal result from ether during or after an operation until within two months, when two patients had died—one from acute Bright's disease ingrafted on a chronic process, the other apparently from suffocation within an hour after an operation for strangulated umbilical hernia. In the latter case the patient was extremely fat, and in such persons the danger of suffocation was greater. He had expressed a choice for chloroform before the operation. He would use chloroform in the lying-in room and for children. As a rule, he would give ether, especially in surgical operations; but he would give chloroform in certain cases of disease of the kidneys and of the respiratory organs. He also referred to another case of death from ether during an operation.

DR. J. A. WYETH thought chloroform was to be preferred for almost all persons under six years of age, in childbirth, and in cases in which previous experience showed that the patient took ether badly. If nephritis was present, he would proceed carefully with ether, and if dangerous symptoms arose he would substitute chloroform. He had never seen an accident from ether; certainly not a death. He had not met with the class of cases referred to by Dr. Gerster, in which the patients could not

be brought under the influence of ether.

DR. ROBERT ABBE said that since 1873 he had seen one death from ether. It was in the practice of the late Dr. Little. He thought the two chief ill effects of ether, bronchitis and nephritis, were under our control, whereas the danger from chloroform was entirely beyond our control. The sudden effect of chloroform upon the heart was not relieved by artificial respiration; but, when there was asphyxia from ether, artificial respiration would restore. Within the past year he had seen four cases of acute nephritis, which he thought were due to the use of ether, but the disease in cases like these could be controlled. Bronchitis was due oftener to exposure to drafts, etc., than to the use of ether.

DR. P. F. MUNDE had formerly used chloroform many times; of late years he had employed ether almost exclusively. He had seen no immediate deaths from it. He had seen syncope occur which might have ended fatally had not vigorous measures been resorted to. Whatever anæsthetic was used, he felt more anxiety with regard to it than with regard to the operation. He thought it wrong to trust the administration of the anæsthetic to the new interne, or to any unskilled hands. He used Glover's inhaler by preference. In some cases he had failed to get the patient properly under the influence of ether, and had substituted chloroform with satisfactory results. In short operations and in obstetric practice he preferred chloroform.

DR. R. W. AMIDON referred to the beneficial influence of atropine or some preparation of belladonna administered prior to giving ether, in preventing the collection of mucus in the respiratory tract.