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## Original Communications.

### CERTAIN ANÆSTHETICS.

By W. H. HINGSTON, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Montreal.

Read before the Medico Chirurgical Society, Montreal.

There would seem to be much similarity of action on the economy in the ethyls, methyls, and formyls, and in their adaptability to anæsthetic purposes.

Chloroform for many years held its sway, undisputed save by ether; and in the claims of each the Atlantic Ocean seemed to divide the two camps.—British practitioners holding, in great measure, to the discovery of Simpson; and American practitioners to the anæsthetic of the Boston school. (I name not *his* name, for the modern Athens has not yet decided to whom to award priority in the introduction of ether.) In Canada, chloroform has been more generally used. I may say, until within the past few years, it has been used almost exclusively in hospitals and dispensaries. As I have not had any serious accident in the administration of either anæsthetic, I have come to regard *both* with confidence, and without misgivings.

Still, deaths are now and then recorded from ether, and more frequently still from chloroform; and in the hands, too, of the most competent. But I am satisfied these untoward results would be less frequent were the administrator of either anæsthetic to give his *undivided* attention to his work, and not occupy

himself, as too often happens in surgical cases, with the doings of the operator.

Still, as already observed, deaths are recorded, and will doubtless continue to be recorded in the future. To reduce that number to the minimum is the desire of us all.

A couple of years ago, at the recommendation of Spencer Wells, I made use of the bichloride of methylene (C H Cl<sub>2</sub>) using that prepared by J. Robbins & Co., Oxford street, London. It has the color, nearly the taste, and very nearly the smell of chloroform. I could see no difference in its action, and seeing no difference in its action but much difference in the price, discontinued it. Spencer Wells claims that vomiting is less frequent with the bichloride of methylene than with chloroform, but as I have not observed vomiting from the latter to be frequent when properly administered I could see no difference in that respect. In the hospital, and out of it, I have used chloroform and ether indifferently; in long and tedious operations, generally inducing complete anæsthesia with chloroform, and continuing that condition with ether.

Not long ago attention was drawn in the columns of the medical press, and chiefly by Dr. R. J. Levis in the *Philadelphia Medical Times*, to hydrobromic ether. I procured a quantity of Wyeth's of Philadelphia, and the results I shall briefly state to you.

It was administered, as I have been accustomed to administer chloroform, on a thick towel folded into a cone. The air was excluded as I have been accustomed, except in old per-