

Vomiting following the anaesthetic is much less frequently met with in alcoholics than in other individuals. Complications such as suppression of urine and pneumonia are, however, much more liable to occur. For the suppression of urine sparteine sulphate in sufficient doses is regarded as almost a specific.

A preliminary treatment with bromides of from 5 to 10 days, with the gradual withdrawal of the alcohol, is of value in these cases. With this treatment less anaesthetic is required, and there is considerably less danger of delirium tremens developing, and in all doubtful cases may be continued for a few days after the operation.

### 3. CHOICE OF THE ANAESTHETIC.

For obvious reasons this is a very difficult problem to discuss. It is impossible for us to depend entirely on one anaesthetic drug to suit all cases.

Every physician attempting to give anaesthetics should be familiar with at least one anaesthetic which would suit the majority of his cases, and as ether is the safest and most universally used anaesthetic to-day it is the one drug to be recommended for general use.

The safety of the patient and ease of administration are the essential points to be considered in the choice of an anaesthetic, and it is on these grounds that ether has gradually superseded chloroform as the routine general anaesthetic. Ether death rate 1-16,000, that of chloroform 1-3,000. The relative safety of any particular anaesthetic depends largely upon the condition of the patient, the skill and experience of the anaesthetist. One gets better results with ether as his experience with the drug increases.

When an operation can be performed without any anaesthetic, or with only a local one, it should be done. If a local one is required use a one to two per cent. novocaine with adrenalin, as used in the Bier clinic in Berlin.

Duration of the operation is an important point in the selection of an anaesthetic. For brief operations nitrous oxide with oxygen makes a suitable one. For operations somewhat longer in duration the nitrous oxide and oxygen may be followed with ether to advantage.

In alcoholics and in conditions of collapse ether is the best anaesthetic, the essential characteristic of ether anaesthesia being its stimulation—breathing more rapid and deeper, frequency and volume of pulse increased.

In very old, feeble people, bronchitic and recent pulmonary conditions, I prefer straight chloroform in place of ether, as post-operative pulmonary conditions are less liable to occur. Chloroform should not be given either plain or in mixtures in persons sitting up.