

In the minor operations of surgery, occupying but a very brief time, and of but momentary pain, it is sufficient evidence of the production of anæsthesia when the patient does not respond to a sudden call by the voice. The more profound state of anæsthesia is evinced by insensibility of the surface of the conjunctiva to the touch of the finger, and by change in the breathing of the patient to that of normal deep sleep. The occurrence during full anæsthesia of dilatation of the pupils and of general sweating, are frequent but not invariable phenomena of ethylization.

The bromide of ethyl, as most recently produced by our best chemists, differs materially in some of its sensible properties from that which has generally been described by chemical writers, and from that which I first had the opportunity of using.

Its odour is characteristic, but is less decided than that of ether or chloroform, and to most persons it is more agreeable. The article I now use leaves less evidence on the breath of the patient, is soon dissipated from the apartment, and the odour does not remain, as does that of ether, on the clothing of the operator and his assistants.

The bromide of ethyl is said to be liable to chemical change by prolonged exposure to light; but I have kept daily, for more than a month, exposed to direct sunlight, a specimen made by Wyeth & Bro., of this city, and can perceive no evidence of change in either its ordinary properties or its anæsthetic action.

The bromide of ethyl may always be used without danger, in the closest proximity to lights and to the actual cautery, as its vapour is not inflammable. If a few drops be poured into a tumbler or other deep vessel, a lighted taper or a match is at once extinguished if immersed in the vapour.

I have used the bromide of ethyl in the surgery of two large general hospitals and in private surgical practice, under the most varied circumstances which could be required to test the merits of an anæsthetic. In my use of it in the most abnormal conditions of debility and shock of injury, in capital operations, through protracted periods of administration, in patients from early infancy to extreme old age, it has always been satisfactory and free from manifestations of danger. I express my conviction that it is practically the best anæsthetic known to the profession.

DIABETES AND SEPSIS.

W. ROSER.

Diabetes often causes obscure septic processes, which require regular diet and omission of all hydrocarbons rather than disinfection with carbolic acid.

Up to the present time three prejudices have often frustrated the diagnosis: 1. The supposed incompatibility of diabetes with apparent health. 2. The fashion of believing the cause of all gangrenous ulcers to be bacteria. 3. The supposed incurability of diabetes.

Cases are related tending to refute the above objections. A patient, C. R., æt. 42, with a progressive gangrenous phlegmasia of the foot. Diabetes was found to be present; an animal diet was insisted upon with quick improvement. The sugar was greatly reduced, and finally a resection performed; the wound healed kindly, and the patient was discharged. The animal diet was continued, and the patient remained well. A number of similar cases have been observed by the writer shortly before death, in which a timely diagnosis might have saved life.

Twenty years ago, Nélaton had a case of a prominent gentleman, 60 years of age, short of stature, and plethoric, who received a small wound in the leg. Instead of healing, the wound changed to an ulcer. In spite of varied treatment, the ulceration spread. Nélaton was consulted. An amputation was proposed, but Nélaton opposed it. Suspecting diabetes, which urinalysis proved to be present, anti-diabetic treatment was commenced, but too late; the patient died.

Professor Marchal (de Calvi), in 1853, was the first to mention the fact of Diabetic Sepsis, and enumerates 133 cases. He also points out that these complications attack, by preference, robust and well-nourished persons of middle age. Peyrot, in 1878, treated of the curability of these diabetic accidents. This question has of late been often brought up at the Société de Chirurgie of Paris. German surgeons have neglected, and the English text-books are silent on this topic.

Twenty years ago the writer amputated the foot of a fat merchant, 58 years of age, for supposed senile gangrene. The patient died from progressive gangrene. Since there was no other