

valuable to me in my practice. One is perfect quietness in administering gas. You have a young lady in the chair, very nervous, and if she hears any remark by anyone she will become nervous and frightened. I never make any remark more than that the patient is doing nicely. The other is in stopping breathing. I find that can be overcome by telling the patient to exhale. They have an idea they must inhale and they cannot, but just tell them to blow as hard as they can, and they then do nicely. I must say of late I have not had any trouble in connection with this matter.

Dr. MOORE—Dr. Magee, in criticising Dr. Murray's paper on the question of stopping breathing after a number of deep inhalations, spoke of the system having taken in so much oxygen that he was not afraid at that stage of the stopping. Dr. Murray explained the action of nitrous oxide gas, not as giving an extra supply of oxygen to the body, but as keeping it away from the circulation. I would like Dr. Magee to explain just how his fear would be allayed.

Dr. MAGEE—I made a mistake in that; it is not an over-supply of oxygen, but nitrous oxide is a supporter of life; that is, it exhilarates. It enters the circulation and seems to fill up the body, sustaining it for awhile.

Dr. ROBERTSON—If oxygen, as we know, is the great life-giver, of course there is more oxygen in arterial blood than in venous and a patient oftentimes becomes sort of bluish-black, as you all know. I was taught, and I think the majority were, that the effect of nitrous oxide was not hyperoxidizing but hypooxidizing, which is, as you know, a diminution of the quantity of oxygen in the blood. I don't think, though I don't know, that nitrous oxide is a life-sustainer; in the air nitrogen and oxygen are not in combination, as they are in nitrous oxide.

Dr. DONHAM.—The different anæsthetics result similarly, though in entirely opposite ways; one paralyzes the respiratory organs, and diminishes the oxygen of the blood, and so creates an increase of waste tissue, and the other by increasing the amount of combustion fills the blood again with carbonic oxide, which is the venous blood. When a person is paralyzed with chloroform, or has the anæsthetic effect from gas, it is either from the diminution of oxygen required to carry on the natural functions of life, or the increase of it which causes this paralysis. From the different agencies you can equally well perform your operations, only the effect comes in a different way. The first time I administered gas was in Woonsocket, R.I., when a lady came in with eighteen teeth to be taken out. The gas bag was there, and I thought I might perform this little operation. I gave her what I thought was quite sufficient; I did not know the exact moment when to stop, but thought she had taken enough. The operation was successful.