

I think large quantities of normal saline solution might with advantage be infused into the subcutaneous tissue of the thighs, allowed to run in slowly for many hours at a time, and repeated often. This has been successful in cases of diabetic coma and might be of service in delayed chloroform poisoning.

Quite recently carbohydrates have been advocated before and after operations as a form of treatment.

Carbohydrate starvation may predispose to post-anæsthetic acetonuria. Waldvogel pointed out that patients who took carbohydrates freely before and after operations seemed to be less liable to acetonuria. Therefore it has been suggested to give carbohydrates in cases of poisoning, or before anæsthesia as a preventive, and not to starve patients too long before operations. Dextrose may be given in the following way: by the mouth, or by rectal infusion of a 10 or 20 per cent. solution, or intravenously in a 6 per cent. solution.

In some cases reported, it seems almost incredible that with an anæsthesia of seven minutes such serious changes can occur in the organs, although fatty infiltrations of the liver can occur with remarkable rapidity. Guthrie's explanation to this was that there was some fatty change before the administration and the drug simply increased the condition of fatty change. It has also been noted that this condition occurs more commonly in rickety, tuberculous and septic conditions where the patients are wasted. It was also thought possible that these cases are often being treated with cod liver oil and that

some of the oil had been deposited in the liver cells.

It is a well-known fact that diabetic subjects are bad patients for anæsthesia.

There is now no doubt whatever that there is such a condition as post-anæsthetic toxæmia, and that the administration of the drug is the actual cause of death.

Formerly it was thought that death might have been due to many other causes irrespective of the anæsthetic. Sepsis, carbolic acid poisoning, fat embolism, iodoform and mercurial poisoning, and others can all be excluded as the cause of death, as well as shock, for death has occurred after an operation for circumcision with an anæsthesia lasting only seven minutes.

It has been said idiosyncrasy plays an important part in many of the deaths from chloroform anæsthesia. Waldvogel thinks acetonuria after anæsthesia is due to fat destruction caused mainly by the toxic action of the anæsthetic.

Patients suffering from rickets, sepsis, tuberculosis, diabetes, starvation, and possibly a pre-existent fatty condition of the liver, appear to be more susceptible and more easily poisoned by chloroform than do other patients.

At the present stage of our knowledge we are not in a position to make very definite statements on this subject, or whether chloroform is more harmful than other anæsthetics. Now that the drop method of giving ether has come into vogue it may be preferable more frequently to administer this drug to children.