

his notes, but, as these operations were performed either upon the trachea, larynx, or lower jaw, it was possible that the entrance of blood into the air-passages might, perhaps, have caused the trouble, and he would not therefore insist on these. As anesthesia by ether was dangerous in young children suffering from affections of the air-passages, chloroform was always to be preferred under these circumstances, although in healthy children ether was borne well.

The third class of patients in which chloroform was to be preferred was those who could not be satisfactorily brought under the influence of ether. In the incomplete anesthesia caused by it, there was an amount of muscular rigidity remaining, which constituted an inseparable difficulty in quite a large class of cases. Not only loss of sensation, but total relaxation of all the voluntary muscles, was indispensable in many operations; and, in spite of proper preliminary precautions, and the greatest amount of care in the administration of the anesthetic, in eleven cases out of one hundred and twenty-five, at the Mount Sinai Hospital, it was found impossible to produce with ether the complete anesthesia required. In all these instances, however, a change to chloroform was attended with the happiest results. Recapitulating, he said, then, that ether should not be used as an anesthetic in any case, (1) where acute or chronic nephritis is present, or is suspected to exist; (2) where there is any chronic pulmonary affection, especially in the aged or feeble; (3) where ether will not produce the complete anesthesia and relaxation indispensable for the successful performance of the operation in question.

Dr. Gerster then went on to say that, while in general the administration of chloroform undoubtedly required greater caution than that of ether, there was only one contra-indication against chloroform, namely, the presence of a fatty or weak heart. In the hands of a careless giver of anesthetics chloroform was, no doubt, more dangerous than ether, but Bright's disease offered no contra-indication to chloroform. In eight years' hospital experience he had met with but two cases in which pneumonia followed the administration of chloroform, and in both of these the probable cause of the pulmonary trouble was the entrance of blood into the bronchi. The existence of valvular disease of the heart, again, was not a contra-indication to chloroform, provided there was satisfactory compensation by muscular hypertrophy. On the other hand, if the heart were feeble from any cause, chloroform should never be used. In anemia, also, ether was, as a rule, safer.

He next spoke of the special danger of chloroform in cases of marked nervous depression, and said it should never be used when the patient was in a state of fright. It was a fact that most of the deaths from its use were in cases of slight operations, and he thought this was explained

by the dread of the operation or the anesthetic. In severe operations the patient generally nerved himself for the ordeal, and hence there was less danger from this source.

On February 10, 1886, Thomas R., aged thirty-two years, consulted Dr. Gerster at his office, for a tumor on the lower part of the face. When an exploratory incision was proposed, he became so much alarmed that he begged for chloroform, which was not given at this time. Five days later he was admitted to Mount Sinai Hospital as a private patient, and on the 17th Dr. Gerster proceeded to operate on the tumor, which proved to be a glandular abscess. He subsequently learned that the patient expressed the conviction that he would never leave the operating-room alive. When two drams of chloroform had been administered, by means of Esmarch's mask, opisthotonos suddenly occurred, the pupils became dilated, and the abdominal muscles were found to be rigid. The pulse ceased, and within a minute the patient was dead, all efforts at resuscitation proving futile. The experience gained in this case, he said, had led him to administer stimulants and a small dose of morphia prior to operating in all cases, where the patient was not in perfectly good condition, and he would now never give chloroform to any one who was the subject of deadly fear. In every instance in which it was feasible, a careful physical examination should be made, and the probable prognosis duly announced to the patient or his friends before proceeding to employ this anesthetic.—*Boston Medical and Surgical Journal*.

#### THE COMPARATIVE ACTION OF ANTIPYRIN AND ANTIFEBRIN.

Although antifebrin has just come into use as compared with its fellow, antipyrin, little doubt exists that it is preferable to the latter. Aside from the results obtained by comparative tests at the bedside, more particularly by Eisenhart, as reported in *Münchener Med. Wochenschrift*, 1886, No. 47, and by Cahnand Hepp in *Berlin Med. Wochenschrift*, 1887, Nos. 1 and 2, the general profession has not reported as many untoward effects from its use as from antipyrin, while its cheapness, small dosage and reliability have already given it a place of high esteem among clinicians. Both Eisenhart and the French observers reach the conclusion that five grains of antifebrin are equal to twenty of antipyrin, and although this is somewhat below the estimate made by the profession in America, it so nearly approaches the results obtained here that the matter may be considered as settled. It will be remembered that the chief objection to antipyrin was that it was capable of causing profound collapse, as well as other minor, but scarcely less alarming, symptoms, and it should not be forgotten that antifebrin may produce the same result, if given in large doses in susceptible cases.