

breathing gets fainter and fainter. Better take away the inhaler and let them have a whiff of the air and that is about all that is necessary.

When the tongue has got back in the throat and the patient attempting to breathe and cannot, the suggestion was to use the tenaculum. We do not often have this at hand, but it is a very easy matter with the fingers to pull the tongue forward. Poke the fingers away back and hook the tongue downward and forward.

Then as to the bad effects that follow gas; when one gets an overdose of gas it is always followed by headache and sometimes nausea. Pain in the head is due to the effects of nitrous oxide. It dilates the arterioles. I have never had one of those cataleptic cases yet. I have heard of them, but never had the pleasure of meeting one and do not want to. In reference to the combination of ether and nitrous oxide, I have never had occasion to use it. We are not allowed in New Brunswick under our dental laws to use ether and chloroform. I do not think we ought to use it. I do not think there is really any danger, but it is against the law. In combination with nitrous oxide, from all I have been able to gather, it is perfectly safe. First carry anæsthesia to almost perfect completeness with nitrous oxide and then keep it up with ether. I knew one man who practised that for a long time just on the same lines he had followed in the use of chloroform first and then ether.

Dr. MURRAY—In reference to the combination, Mr. President, I have used it several times, of course not for myself. I can accomplish all I wish to accomplish with nitrous oxide gas, but I have used it for physicians. I had a case not long ago where I administered the gas, and the physician the ether, and when we got the patient completely anæsthetized I continued the ether and the physician performed the operation. I must say that in the operations which have come before me all have been perfectly satisfactory, as far as the anæsthetic is concerned. It takes a very short time indeed, as we all know, to put a patient under gas, and they can be kept anæsthetized perfectly well with the administration of a very small proportion of ether. Then the operation can be performed very successfully and without any pain whatever.

Dr. McAVENNY—After twenty-five years' experience with gas there are many points I would like to touch upon. There is one thing I would like to speak of particularly, and that is when a patient comes to your office and you fear you may have trouble. When he gets in the chair you say, "Now I just want you to do as I tell you." He says he will try. Say "No, I won't start unless you promise me faithfully you will do just as I say." He says again, "I'll try;" but don't go on, it is no use; if he once says he will do as you tell him then go on, and you will have no trouble with that patient.

Dr. W. P. BONNELL—I have a couple of points I have found