

THE ADMINISTRATION OF ANÆSTHETICS.

SIR,—Being deeply interested in the subject of anæsthetics, I read an account, in the JOURNAL of January 24th, 1885, of a "Death from Nitrous Oxide Gas," in Paris, the gas being administered to a gentleman advanced in life, by a well known advertising dentist of that city, in order to have a tooth extracted. From what can be gathered from the notice, death would seem to have been quite sudden, and to have been due to syncope or failure of the heart's action, caused by the fear or the shock of the operation. In the same number of the JOURNAL, a very interesting letter appears on the Administration of Anæsthetics, by Dr. James Parkinson, of Sacramento, California, who, I am glad to see, has a high opinion of my ether-inhaler; and, from all I can learn, was the first to introduce it to the profession in America. In my improved inhaler, made by Coxeter, of London, it is impossible for the ether to run through the sponge into the patient's eyes and mouth, for there is a contrivance specially arranged within the mouthpiece to prevent the occurrence mentioned. I consider Dr. Parkinson's observations most valuable and practical with reference to the administration of these agents.

What I now proceed to state is what I have often stated before, and that is, that all anæsthetics are dangerous, and will induce death if carried too far; but, of all anæsthetics, I believe ether, properly and judiciously administered, to be the safest; chloroform to be the most dangerous. Ether will never produce syncope, or failure of the heart's action, no matter how much is given; but it will produce asphyxia, or failure of the respiratory action. But as this is a very slow process compared with the former, timely warning is given to the anæsthetist, so that he is enabled to anticipate and prevent any untoward result; whereas syncope comes on and ends so rapidly, that there is no time to resort to a remedy.

I also maintain that, when bronchitis or pleuro-pneumonia is present to any great extent, ether or any anæsthetic is dangerous to use. For the administration of such agents, I would make the following suggestions.

1. All anæsthetists should understand the properties and dangerous effects of each anæsthetic used.

2. All administrators should be qualified physicians or surgeons, and they should perfectly understand the process and degrees of anæsthesia before undertaking the grave responsibility of placing a human being into the mysterious sleep of insensibility.

3. Previously to any anæsthetic being administered, a careful and thorough examination of the thoracic cavity and its contents should be made, so as to detect, before it is too late, bronchitis or other pulmonary affection, as well as the condition of the heart.

4. The administration of ether, or any other anæsthetic, should not be prolonged beyond the actual time required for the performance of the surgical operation. This I think it right to mention, as, in a recent visit to some London hospitals, I observed the administration of ether with my inhaler was continued, and the anæsthesia kept up, long after, in my opinion, it was necessary. After the main steps of an operation are concluded, anæsthesia, in the majority of cases, need not be continued.

5. At the slightest approach of danger, such as lividity and pallor of the face, stertorous breathing, cessation of respiratory action or pulse, the anæsthetic should be at once discontinued, and fresh air at once allowed free access to the patient. Even after recovery, the anæsthetic should not again be then and there administered, though this should necessitate the postponement of the operation.

6. The person deputed to administer the anæsthetic should devote his entire and undivided attention to the anæsthesia of the patient, and to nothing else; he should never attempt to look about him, or watch the progress of the operation. When mishaps have occurred, they have frequently been due to carelessness in this respect. A competent and careful anæsthetist is, in my opinion, as important, and bears as much responsibility during an operation, as the operator himself.—I am, sir, yours, etc., L. HEPENSTAL ORMSBY, M.D., F.R.C.S., Surgeon to the Meath Hospital and County Dublin Infirmary.

4, Merrion Square West, Dublin.

PERMANGANATE OF POTASH.

SIR,—I have read, with the utmost surprise, the statement made by Dr. Simms, that permanganate of potash tablets give rise to ulceration of the parts with which they are brought into contact. He speaks of recently having had under his care two cases in which ulceration of the mouth was produced by the mere contact of the drug.

I do not know what experience Dr. Simms may have had in the use of permanganate of potash as a therapeutic agent; but, as my own observations, and, I may say, those of the majority of medical practitioners, are altogether opposed to his, I think he should be prepared to enter more fully into detail before making such a sweeping assertion. During the six months when I was resident obstetric assistant at Westminster Hospital, I saw permanganate of potash administered in some dozens of cases of functional amenorrhœa, and never, on any occasion, witnessed any untoward effect. Because permanganate of potash pills have sometimes passed through the alimentary canal unchanged, Dr. Simms thinks some of us are "miraculously preserved." A more rational conclusion would be that the chemist who dispensed them did not know his work. Everyone ought to know by this time that, if this drug be ordered in pillular form, it should be made up with vaseline, paraffin, and kaolin. If these exoipients be employed, there is no possibility of the pill passing through the intestines unaltered, and I can answer for it that there will be no ulceration of the mucous membrane, or other bad effect. If the drug be prescribed with any easily oxidisable substance, such as extract of gentian, an explosion is not unlikely, which might give rise to trouble, especially in these days of dynamite scares.

A few months ago, Dr. Roberts Bartholow, of Philadelphia, published a lecture on this drug, in which he recommended that the drug should always be administered in the form of compressed tablets, two or three one-grain tablets being taken three or four times a day with perfect confidence, provided only that they are swallowed in a little water after meals.

Dr. Simms must, I think, be mistaken in supposing that this remedy was introduced to the profession "two or three years ago." Reference to any of the text-books of materia medica will serve to convince him that it has been in use as a therapeutic agent for the last fifteen or twenty years. Indeed, his letter reminds me of the gentleman who said that he found no benefit from nitrite of amyl in angina pectoris, because the patients could not swallow the glass capsules in which the drug was contained.—I am, sir, your obedient servant, ALFRED S. GUBB, M.R.C.S., L.R.C.P. Lond.

Hôpital Français, Leicester Square.

A HOME FOR AN INVALID.

M.R.C.S.E. asks for information concerning a suitable home for a medical gentleman who has cerebral softening, and has had repeated attacks of paralysis. He is dirty in his habits, and requires constant supervision. Unfortunately, this patient has no private income, but his friends are willing to pay £50 per annum, or even more (although they can ill afford it), to place him where he can be looked after and be comfortable.

ELASTIC BANDAGES.

SIR,—I shall be obliged if any of your readers can inform me if the porous elastic bandages have any advantage over Martin's India-rubber bandages in curing varicose ulcers of the leg.—I am, sir, yours faithfully,

Bagshot.

J. WINTHROP WOODRUFF, M.R.C.S., L.R.C.P. Edin.

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BOOKS, ETC., RECEIVED.

The Metaphysical Aspect of Natural History. By Stephen Monckton. London: H. K. Lewis. 1885.

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