

The patient should be ready for operation in 6 to 8 minutes from the beginning of the inhalation—in no case longer.

When automatic respiration, in which expiration is quite free and without hitch of any kind, is first heard, the patient's corneal reflex should be tested in order to discover the anæsthesia.

To do this, the middle finger of your right hand should gently elevate the margin of the patient's upper eyelid, and as your finger pulp passes over the cornea it should be allowed to lightly brush against it, the finger then leaves go, and according to the degree of anæsthesia the lid shuts either briskly or sluggishly for the second or third stage of anæsthesia respectively.

This corneal reflex should not be abolished altogether, but kept acting slightly throughout the administration.

The art of inducing chloroform anæsthesia is that of verbally encouraging the patient to breathe slowly and regularly until the unconsciousness sets in. The art of maintaining chloroform anæsthesia is that of regulating the respiration to a uniform level throughout the administration.

Medical Matters.

LUNACY: THE RISING TIDE



It has already been admitted in these columns that the number of officially recognised insane individuals in this country is steadily increasing. The increase is also noticeable in Scotland and Ireland; and further, the increase is in advance of that which would be accounted for by the increase of population. A pamphlet bearing the title "Lunacy—The Rising Tide," has recently been issued by W. J. Corbet, M.P. In the introductory note, he states that he was connected with the Lunacy Department of Ireland from the year 1847 until the year 1887; but, unfortunately, he does not state in what capacity he was connected with it, or he might carry more weight. As the author of the pamphlet demonstrates, the question of the increase of insanity has frequently occupied the attention of the Commissioners in Lunacy in all three countries, and these have constantly adhered to the opinion that the increase is only apparent and that the chief causes of the apparent increase are (1) the advances which have been made in the diagnosis of insanity; (2) the greater disposition of the public to place their insane under care; and (3) the decrease

of the number of insane at large with the consequent increase of insane coming under official recognition. The present pamphlet purports to be written in the hope of clearing up the doubt whether the increase is real or apparent; but we feel, after reading it, that the author leaves us just where we started. He brings forward no fresh facts, but devotes his attention to throwing doubt on the opinions of others. We feel at present that it is our duty to accept the opinion of those who are best qualified to form one, viz., the Lunacy Commissioners. So far as we are able to judge, we can see no reason for any wish on their part to depreciate any real increase of the disease—should such increase exist. The one fact which is quite certain and incontrovertible is that at the present time there are many thousands more lunatics under official control and oversight in this country than was the case, say, thirty years ago. What the precise explanation of that fact is, we may be wise to wait for another five years at least to discover.

HÆMORRHAGE AFTER TOOTH EXTRACTION.

A new method of procedure in these cases has recently been described by a well known dental surgeon. Based on his experience that after the usual method of treatment, which consists of plugging the socket of the tooth which has been extracted, sometimes with and sometimes without hæmostatics, he noted that the recurrence of hæmorrhage was coincident with the removal of the plug. If the plug could be retained for a sufficient period, it could be obviated; but as the plug becomes so foul in a comparatively short time, it becomes necessary to remove it. He therefore overcame the difficulty by suturing the sides of the socket together by means of a strong curved needle, carrying stout sutures of horsehair. Two or three stitches suffice, each being passed through the gum on one side, then through that on the other, and separately tied. A natural plug is thus formed of the blood clot, the formation of which is possibly hastened by the presence of the stitches. After several days, no recurrence of the hæmorrhage has taken place on removal of the sutures. This method seems particularly advantageous in cases in which there is much laceration of the gum, and much destruction of the alveolus, as the size of the wound may be considerably lessened by thus drawing the edges together.

[previous page](#)

[next page](#)