

In these respects the anæsthesia of the bromide of ethyl differs from the ordinary pallor of countenance and the usual check of skin-transudation of chloroforming.

The physiological action of the bromide of ethyl does not incline to the dangers of cerebral anemia and cardiac syncope, which sometimes occur in chloroforming, and, in my experience, no tendencies in such directions have seemed to threaten.

The respiration is slightly increased in frequency until anæsthesia becomes complete, when it assumes the characteristics of normal sleep. The decided indication of the attainment of very profound anæsthesia is the slowing of the patient's breathing, as in ordinary sleep, which becomes easy, long, and free. The irritation of the respiratory passages, which often inconveniences the inhalation of ether, does not occur in any degree with the bromide of ethyl. If brought into contact with the skin of the face, it is less irritating than chloroform.

I do not recognize any ordinary after-effects on awakening from the anæsthesia of bromide of ethyl, the patient speedily returning to his normal sensations and usual condition with but a drowsy sense continuing for a brief time. In my own person, the whole impression is more agreeable than is that of ether or chloroform; and others who have thus tried comparatively the different anæsthetics have expressed to me the same appreciation.

The liability to nausea and vomiting is less than after ether and chloroform, but it is not entirely avoided. Occasionally vomiting will occur when food has been but recently taken, and I have in a few instances observed decided nausea and retching when no food was in the stomach, and merely some frothy mucus was ejected. The quick relief from the anæsthetic impression of the bromide of ethyl seems to render less likely the long continuance of the distressing nausea and vomiting which are liable to follow etherization and chloroforming. It should be borne in mind that the fully anæsthetized patient never vomits, and the manifestation of nausea during the continuance of the inhalation is the indication for making the impression more profound. When vomiting occurs and persists after anæsthesia passes off, it can

best be relieved by giving to the patient small pieces of ice to swallow, or a full draught of ice-water.

The quantity of the bromide of ethyl required to produce anæsthesia varies with individual susceptibility and with the manner of using it. Its rapid evaporation causes much loss by diffusion in the atmosphere, but this waste may, with a view to economy, be to some extent avoided. I am in the habit of administering it by pouring two or three fluidrachms on several folds of woven lint, or on a small, soft linen handkerchief, over which is pinned a napkin, folded large enough to cover the entire face of the patient. Anæsthesia, in my experience, more quickly obtained without the intervention of excitement, if light is excluded, and the temptation to look about avoided, by covering the eyes with a napkin. This plan seems to me to be the simplest and the best, and I trust that the anæsthetic use of the bromide of ethyl may never become complicated or embarrassed by any forms of the absurd contrivances called inhalers. Such apparatus implies that all individuals are, under all circumstances, to be dosed with anæsthetics in the same mechanical manner. Nothing can be gained by any mechanical device for the purpose, excepting economy in the use of the anæsthetic, and some of the numerous devices would rather tend to wastefulness. A simple napkin or piece of lint, or both together, which absorb and gradually exhale the vapour, are perfectly effective and controllable as the means of administration, and nothing more can be required.

In commencing the inhalation of the bromide of ethyl, I prefer always to make a rapid and decided impression, with the lint and napkin held closely over the nose and mouth of the patient. It is the object to attain anæsthesia without the intervention of mental and muscular excitement. In the administration of another anæsthetic—the nitrous oxide gas—we are familiar with the uncontrollable excitement liable to be produced by slowly inhaling small quantities; and we know as well what profound anæsthesia is induced by rapid and impressive doses of the gas. In the method which I prefer, of administering the bromide of ethyl from a piece of folded lint and a napkin, it does not seem