

In administering chloroform, I use the same kind of a mask without the towel in the same position as with ether, but not at any time allowing it to rest on the face, so that as much air as possible will mix with the chloroform vapor before it is inhaled. Chloroform vapor, being heavier than air or ether, will flow over the face, and more be inhaled without causing a deleterious effect, as it would if the mask were fitted closely to the face with much less anaesthetic given without admixture of air. I do not mean that I do not approach the face with the mask, as the patient becomes accustomed to the drug, but rather to make it the rule to keep it a little away from the face. If, after the patient is anaesthetised, as little of the drug as possible is given to produce the degree of anaesthesia required, and the patient kept evenly under the influence of the anaesthetic; it will be the exception rather than the rule to have much after-sickness.

Chloroform alone is not nearly so much used now as formerly, its use being largely superseded by that of the C. E. mixture, consisting of one of chloroform, and two of ether by volume. This mixture I have used a great deal, and I consider it safer than pure chloroform in the hands of one not skilled. More of this anaesthetic is required, but after administering it two or three times, it will be found quite as easy to get and keep the patient properly anaesthetised as with chloroform.

Before concluding this paper I would like to say a word or two about the *preparation* of the patient prior to the administration of an anaesthetic, and also the after-treatment. I have invariably found that the proper care of a patient before the taking of an anaesthetic helps to minimize distress and danger afterwards.

If sufficient time can be given, it is better to have the alimentary canal thoroughly cleansed at least twenty-four hours prior to the operation, and after this has been effectively done, light, nutritious and easily assimilated diet given at intervals up to five or six hours before the operation. Two or three hours before the administration a simple enema should be given. If the patient is weak, and feeling the need of some food, a cup of weak tea or coffee with little or no milk may be given. If this is not desirable, a little beef broth free from fat, or a nutrient enema may be given within two hours of the anaesthetic.

With regard to the care of the patient subsequent to the operation, I might say that I very often wash the stomach, before the patient has left the table and recovered consciousness, with a weak solution of lime water or bicarbonate of soda. I invariably do this in cases of general peritonitis, relieving the stomach of any irritating matter that might be conducive to vomiting or peristalsis.