

be restrained, as she keeps pouring in aliment to try and check the rapid washing which is going on. The quantity must be regulated by the irritability of the child's stomach and its digestive powers. Water must be furnished freely because the thirst is great, the loss of fluids is rapid and the parched mouth is better cooled by pure cold water than by constant supplies of food. Free injections of water, half a pint to a pint, are often beneficial. This is one means of supplying the system with fluids, but its more useful action is in washing out the bowel and carrying away offending material.

In conclusion it would be the part of wisdom for us to educate our patients to bring the babies for treatment as soon as diarrhoea begins. So many a mother has had to learn the sad lesson from experience, that teething as a cause of summer diarrhoea, is only an old wife's tale, that it would be but a work of charity and mercy to make it known from the house tops, that danger and death lurk in every case of summer diarrhoea.

### CHLOROFORM.

#### PRACTICAL CONCLUSIONS OF THE HYDERABAD COMMISSION.

The following are the practical conclusions which the Commission think may fairly be deduced from the experiments recorded in this report:

1. The recumbent position on the back and absolute freedom of respiration are essential.

2. If, during an operation, the recumbent position on the back cannot, from any cause, be maintained during chloroform administration, the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. If there is any doubt whatever about the state of respiration, the patient should be at once restored to the recumbent position on the back.

3. To ensure absolute freedom of respiration, tight clothing of every kind, either on the neck, chest, or abdomen, is to be strictly avoided; and no assistants or bystanders should be allowed to exert pressure on any part of the patient's

thorax or abdomen, even though the patient be struggling violently. If struggling does occur, it is always possible to hold the patient down by pressure on the shoulders, pelvis, or legs without doing anything which can, by any possibility, interfere with the free movements of respiration.

4. An apparatus is not essential, and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces an element of danger into the administration. A convenient form of inhaler is an open cone or cap with a little absorbent cotton inside at the apex.

5. At the commencement of inhalation care should be taken, by not holding the cap too close over the mouth and nose, to avoid exciting, struggling, or holding the breath. If struggling or holding the breath do occur, great care is necessary to avoid an over-dose during the deep inspirations which follow. When quiet breathing is insured as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea and to see that the respiration is not interfered with.

6. In children, crying ensures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensibility, they should always be allowed to inhale a little fresh air during the first deep inspirations which follow. In any struggling persons, but especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anaesthesia, and this may only appear, or may deepen, after the chloroform is stopped (*vide supra*). Struggling is best avoided in adults by making them blow out hard after each inspiration during the inhalation.

7. The patient is, as a rule, anaesthetized and ready for the operation to be commenced when unconscious, winking is no