

the drops by the size of patient, in a full grown adult letting a drop fall about every ten seconds. With nervous adults a few words of encouragement or a glass of brandy will very often reduce the rate of a rapid pulse. With these subjects, in beginning it is well to give the vapor quite dilute, warning them that there will be a sense of choking or suffocating at first, and all these precautions may do a great deal to prevent overdue excitement in the first stage. With calmer, more composed and stronger subjects we gradually approach the towel, dropping on four to six drops every few seconds, and when unconscious continuing with one or two drops every five or ten seconds. It is well to watch the pulse rate in all cases, keeping the finger of the left hand, which supports the chin, pressed lightly on the carotid, for although rhythmical respiration is the best indication of the good state of our patient, the tension and rate of the pulse help us greatly in each individual case to tell what effect a larger or smaller dose, at greater or less intervals, is having on the heart and vaso-motor centre. (Note—Chloroform tends to paralyze the vaso-motor centre and ether to stimulate throughout.) The position of the patient we take for granted will always be the horizontal, the head never above the level of the body, and it is better to produce anæsthesia on the table on which the patient is to lie during the whole administration. The head is best placed in slight extension, or where there is saliva or blood in the mouth it may be turned to either side. In operations about the fauces it is better to have the head lowered so that the blood may gravitate to the naso pharynx, and the anæsthesia in these operations should not be deep, as they are of short duration, and the patient will be enabled to waken quickly and to clear the air passages to prevent inhalation of blood and mucus, etc.

During the first stage of stimulation tactile sensibility is dulled, and the movements incoordinated. It is well at this time that there should be no talking either amongst the bystanders or by them to the patient, as the sense of hearing is more acute and sounds are magnified and misinterpreted. The patient, if struggling, may be assured by the anæsthetist, and those who are holding the limbs should let them move passively. If the patient is trying to rise from the table and is very excited we are, at times, in doubt as to whether we shall continue or slacken off the chloroform. Here crops up the question of large and small doses. By giving the former we shorten the excitement and struggling, and lessen the tendency to apoplexy, but we must watch the pulse and guard against giving the vapor too concentrated when the patient stops a moment to take in a deep breath. Should a general tonic spasm come on with dusky face we had better