

flows down over the face well diluted with air. In a few seconds the patient becomes accustomed to the vapor, when I gradually bring the mask down until it has reached the face, dropping on as much ether as the patient will tolerate. The dropping must be constant and increasing in amount. After a minute or so with the mask thus on the face, I take a square towel, and fold it diagonally, having then a three-cornered towel doubled. I place the apex over the chin, and fold the towel around the mask, the vapor being retained in the space between the mask and the towel, before inhalation. By this method surgical anaesthesia should be produced in from four to ten minutes.

After anaesthesia is produced, with many patients more of the mask may be exposed, and, in the majority of cases, the towel may be dispensed with altogether. The amount of ether used is a little in excess of what one may use by the closed method, but so little that it is scarcely worth considering, and, further, it will be found that, with more practice, less of the drug will be used.

Next we will consider the administration of *chloroform*.

Many very ingenious appliances have been devised from time to time for the administration of this drug, whereby the percentage inspired has approximately been reckoned. I have used the Vernon-Harcourt inhaler with a degree of satisfaction, and, I think, with a little practice, one can administer chloroform with greater safety to the patient, as it is not possible to give as much of the drug as it is by the drop method. I am free to admit, however, that I am old-fashioned enough to imagine that an intelligent administration with the mask and the drop bottle will prove more satisfactory for general use than any appliance that has yet been devised. For it is neither altogether the amount of the anaesthetic that is administered which has to be considered, nor is it well that the attention be taken up in watching the working of valves, and the other mechanism of the appliance, but it is at all times the condition of the patient and the effect produced by the drug that must occupy the administrator's entire attention. Moreover, a very small percentage of the physicians who are called upon from time to time to administer chloroform can or will have any such appliance with them, or, if such should be handed to them, would in many instances be able to use them satisfactorily.

Now, the question is, is it worth while in teaching students how to administer anaesthetics, to train them in the use of these appliances; or is it worth your while, as medical men, when giving an anaesthetic, to direct your attention to the workings of a machine, rather than the changing condition of the patient?