

Now and then we meet with one, who, in the first stage of anæsthesia, stops breathing altogether; to a great extent I think voluntarily on his part. This will generally be remedied by some rather rough handling of the tender part on which we are to operate, or if there is none such, by giving a sharp pinch or a good shake. Instead of doing this I have seen Physicians remove the chloroform and shout to him to breathe; to which he pays not the slightest attention till it suits himself. In this way chloroform may be wasted as well as much time.

When the loud breathing begins, and the muscles of the arm begin to relax, it is time for work. And here I would remark that it is amusing to see with how much anxiety and concern some practitioners will hold on to the pulse to see how the heart beats, instead of giving their whole attention to the respiration. I recollect this leading one of my friends to think my patient was gone, because he was lying partly on the arm in which he was feeling the radial, and because this pressure of his body, entirely stopped its pulsations. It may be well to feel the pulse in cases of heart disease, but it is certainly needless in ordinary ones.

In the last stage of anæsthesia we often get, as every one is aware, that loud stertorous breathing and its occasional cessation which gives us not unnecessary alarm. In this condition the following simple expedient has often served me well, and I think will obviate that cruel method of seizing the tongue with forceps and dragging it forwards which I have seen practised. By taking hold of one or both sides of the mouth with the thumb and fingers, and drawing well forwards, we can generally (if not always) bring forwards also the lower jaw and with it the tongue, so as thus to raise the epiglottis and permit the air to flow freely in and out of the lungs.

It is not enough that we simply hold apart the lips so as to open the buccal cavity, nor yet is it proper to draw its sides at the same time *backwards*, which I think retards rather than assists in bringing forward the tongue, and thus raising the epiglottis which is the point to be aimed at. Sufficient room will generally be secured for entrance of air without forcing the jaws apart.

With regard to the use of chloroform in labour, by attending to the direction of the late Sir J. Y. Simpson, namely, to give it only *ring* the pains, there is little danger of producing any of its dangerous symptoms; neither is the patient as apt to vomit afterwards as in its ordinary use in other circumstances.