

quire much less anaesthetic than the robust or alcoholic.

Ether and chloroform produce anaesthesia by an action on the central nervous system much similar to that of alcohol, causing a progressive paresis from the highest nerve centres of the brain to the spinal cord or reflex centres, the spinal cord being affected before the medullary centres, which are the last to be affected.

The closed method of administering ether and chloroform is now much less used than formerly. The open method, whilst it induces the required depth of anaesthesia at the same time regulates the strength of the vapor. The strength of ether vapor should not exceed 10 per cent. and chloroform 2 per cent. Open method permits free, open breathing and does not partially asphyxiate the patient. With this latter method post-anaesthetic headache, stupor and vomiting are less common.

In giving either by the drop method don't douche the drug on at intervals, but give a regular uniform supply on the mask.

If chloroform is the anaesthetic decided upon a sufficient amount of it should be given or else you will have tonic spasms, retching, vomiting, holding breath, etc. Once you obtain a softly snoring breathing maintain it; avoid tranquil and surtorous breathing.

Ether gives as a rule a larger pupil than chloroform. Dilated pupil, plus conjunctival reflex, give more anaesthetic, whilst with a dilated pupil and no reflex give less anaesthetic. Don't pass from ether to chloroform without a good corneal reflex.

In giving ethyl chloride as a preliminary to ether or in conjunction with it in alcoholics always do so with the open mask. It is a much more powerful drug than either ether or chloroform.

In the open method of administering ether take a wire mask, covering it with from four to six thicknesses of gauze, cover eyes with a pad of absorbent cotton wrung out in sterile water. The head should be covered with a cap made out of a towel. Commence the anaesthetic with the mask four to five inches above mouth and nose. Instruct patient to breath properly, and as he becomes used to the drug gradually lower the mask and at the same time increase the flow of ether. Soon consciousness slips into unconsciousness, and the breathing then becomes regular and free. During the induction should there be coughing, holding of breath, temporarily ease the amount or omit the anaesthetic. Usual time for induction from five to ten minutes.

During the progress of the operation only give sufficient drug to keep patient in required depth of anaesthesia. In giving ether give as much air and as little drug as possible. In alcoholics and nervous individuals it will be necessary to give more ether and less air, as this type