

at hand, and which consequently has the inconvenience of always arriving too late. Children attacked with bronchial catarrh take, on the contrary, very long to anæsthetise, and danger might arise from the relatively much greater quantity of chloroform it is necessary to make them absorb. So in them it is especially necessary to watch with the greatest care the inspirations, and after they cease to provoke them by producing them regularly by sudden pressures on the epigastrium. It will be equally necessary, in these subjects in particular, to watch over the sudden congestions, which manifest themselves by a very peculiar flushed condition of the face, and from this moment to cease the inspirations of chloroform.

I ought to say in reference to the manœuvre so frequently employed in the adult, and which consists in traction of the tongue outwards by the help of forceps, in order to prevent the application of its dorsal surface against the velum palati, that I have had only one single occasion of putting it in practice, in a large boy fifteen years of age, and this was held to prove that this manœuvre, so useful in the adult, is rarely indicated in the child, by reason of the extreme rarity of the accident itself.

I come to the contra-indications of chloroform in cardiacs. It ought to have happened to me, amongst the number of children whom I have anæsthetised, to meet with patients attacked with diseases of the heart, and I have never had accidents to deplore. I might argue from this that heart diseases do not constitute an absolute contra-indication of chloroform, but I prefer to report to you the case of a patient whom my friend and colleague, Dr. Labric, confided to me, and who was manifestly attacked with a hypertrophy of the heart. It was absolutely necessary to perform on this patient straightening of the cervical region, which had already for a long while been the seat of a chronic arthritis. We anæsthetised on many occasions the little patient, with a certain slowness, it is true, and an increase of precautions relative to the inspirations, and each time his operation was brought to a happy issue without the slightest accident.

One might then advance that chloroform may be employed in all children without distinc-

tion. This is not so for the application of chloroform to all operations.

In fact, without mentioning tracheotomy, for which no one, I think, has ever proposed anæsthesia, inasmuch as in a large number of cases the patient is very anæsthetic on account of the affection itself. I believe, in spite of the practice of the English surgeons, that the administration of chloroform is most dangerous in amygdalotomy: it is so in harelip. Although I may have often given chloroform in a like case, I often find myself obliged to suspend the operation to allow the patient to breathe at the time of paring the strips. There falls at this moment into the buccal cavity a considerable quantity of blood, which, not being expelled by the anæsthetised patient, may be engaged in small quantities, it is true, in the respiratory passages. The time of awakening is less dangerous, by reason of the precautions we may take against this accident by causing the two strips to be strongly compressed by the fingers of an assistant. I advise then, especially in very young children, to abstain from chloroform in the operation for harelip.

The cares consecutive to the administration of chloroform have no special feature in children. It is, however, good to strive against the natural sleep, which in them often follows the sleep due to chloroform.

If it is in fact absolutely exceptional (I have never observed it but once) to be able to make the anæsthetic sleep succeed without transition to the natural sleep, it is, on the contrary, extremely frequent to observe a deep irresistible sleep succeed to chloroformisation, at the same time that the patient has been perfectly awakened soon after the operation. I do not think that there may be any veritable danger in this: it is, however, a good thing not to allow the child to be given up to this sleep, were it only to reassure the parents, who imagine that the anæsthetic sleep is not broken up and that the child will not awaken. So it is my custom to cause a strong infusion of coffee to be administered by spoonfuls. It is a good thing to advise the parents to allow the child to eat only three hours at least after the patient awakes: otherwise, one might expose