

The method I use in giving this anaesthetic is by spraying or dropping it on the ordinary mask, folding a towel loosely cone-shaped around it, with a small opening at the apex of the cone, through which I drop the anaesthetic. By pressing gently on the stopcock and allowing the spray to strike against the valve a drop is formed. I prefer dropping it on the mask, rather than spraying it, for if there is not sufficient gauze covering the mask, it is liable to spray through on the face, much to the discomfort of the patient. This method of giving ethyl chloride has many advantages over the closed method. There is no asphyxiation, no spasm, which so often happens when the closed method is used, the anaesthesia is longer, and can be prolonged for an indefinite length of time by continuing to drop it on the mask. I have kept patients under this anaesthetic from 45 to 60 minutes, the chief objection being that it takes a great deal more of the ethyl chloride than by the old method.

I think when this method of administration of ethyl chloride becomes more generally adopted, the comparatively high mortality recorded will be much lowered.

*Somnoform* can be used in the same way. It is a mixture consisting of sixty parts ethyl chloride, thirty-five parts methyl chloride and five parts ethyl bromide. It has a disagreeable odor, and a tendency to decomposition, and thus precludes any advantage over ethyl chloride. My experience is that there is a little more depression with somnoform than with ethyl chloride.

*Ether* is the most generally used anaesthetic, particularly in hospital practice, and is the drug I would urge every practitioner to familiarize himself with, on account of its safety as compared with chloroform. There is a general prejudice against ether in certain cases, such as nephritis, pulmonary affections, and also in brain surgery. But, I find that giving it by the open method, there are very few cases in which it is contra-indicated.

In acute nephritis, I have seen as much trouble after pure chloroform as with ether when given by the open method, and, honestly, I have seen very little trouble with either. In these cases, if I cannot use nitrous oxide and oxygen, I give a mixture of chloroform and ether, and have never yet had any untoward results.

Ether is contra-indicated in acute bronchitis. With this condition present, I give a mixture of chloroform and ether; but if this irritates I use a little chloroform to put the patient under, and then continue with chloroform and ether.

In chronic bronchitis, in all stages of pulmonary tuberculosis, and in empyaema, if I do not use nitrous oxide and oxygen, I begin