

experiment of the preservation or non-preservation of the sensibility and this by lightly pinching the skin of the belly or thigh, and, on the other hand, that loud respiration to which is given the name of stertorous. Most often when this phenomenon has been produced, anaesthesia and resolution are obtained.

Then throw far away from you the chloroform-compress, and do not expose yourself to the danger which consists, as I have seen, in turning over the patient, if we have to do with an operation for *fistula in ano*, for example, in such a manner that his nose rests on the compress charged with chloroform. The little girl who was the victim of this imprudence, or rather of this negligence, stopped breathing before my eyes, and would certainly have died had not the operation been of short duration.

Your operation is finished, the patient's wound is dressed, and still he is asleep (anaesthesia is very often prolonged beyond the time necessary for the operation): we see the parents, in their affright, asking for the child to be instantly awakened. Although I hold myself absolutely quiet when the respiration is rhythmical, I think it necessary to break the anaesthetic sleep and, above all, to chase away from the bronchi the chloroform which they still contain. With this intention, I lash the cheeks of the child with a wet towel, or rather, I slap them quietly, but always in the same place. This continuous percussion between the ear and the cheek has furnished me with excellent results in some cases which gave me trouble. I find this treatment much better than that which consists in suspending the patient head downwards, it is also much easier to repeat. After the patient has cried two or three times, the effect is produced, and we may give it up.

We would be greatly deceived if we believed that the time necessary to obtain anaesthesia is in direct ratio to the age of the children, and that more chloroform is necessary, and more time, in a child thirteen years old, for example, than to obtain the same result in one six months old. Practice often comes to demonstrate this proposition, and on a certain number of observations I have drawn up a table, which will show you, with but few exceptions, what I advance.

Let us note, in passing, that the application of chloroform by *sidération*, in the adult, has the great advantage of avoiding those painful wanderings, those unlooked-for revelations, which, however great care the surgeon may have taken to remove interested parties, may have a very bad effect.

There is more: I have had occasion to administer chloroform to twelve adults by the method which might be called *sidérante*, and I have always been struck by the extreme rapidity with which complete anaesthesia was thus obtained.

Certain children require particular precautions and special watchfulness: I mean very anæmic children and those attacked with bronchial catarrh. In the first, anaesthesia is extremely rapid, but, as Chassaignac observed, it is absolutely necessary in them to avoid sudden changes in position during anaesthesia, and notably the too rapid passage from the horizontal to the sitting position. This manœuvre, dangerous in all subjects, offers, above all in these, a special gravity, on account of the frequent tendency to syncope. This reflection is, above all, inspired in me by the recollection of a very anæmic child, twelve years of age, whom we chloroformed this very year for the application of the actual cautery to the knee. The inspirations were made regularly and anaesthesia was complete: hardly was the patient moved even slightly for the cauterisation when the respiration suddenly ceased, paleness became extreme, and for some moments we were obliged to practise artificial respiration, in order to cause this alarming condition to pass off. This, however, of the considerable number of children whom for six years we have submitted to the action of chloroform, was the only one who had inspired us with real anxiety. Allow me to say, in reference to this, that the true method to employ in accidents of apparent death, after the administration of chloroform in children, consists in artificial respiration practised by rhythmical massage of the sides. I much prefer this immediate, instantaneous method, to artificial respiration practised by the aid of the laryngeal tube, for which a certain dexterity is requisite, and to the application of electricity, which we never have immediately