

Before beginning, you ought to assure yourself that no constricting band exists either around the neck or thorax, and that at any moment, it will be easy for you to uncover the epigastrium. This manœuvre, which will permit you to watch the inspirations, will be your true regulator. It can be accomplished without in the least offending modesty, even in young girls, by leaving covered, either with the shirt or by the help of a sheet, the thorax on one side, the abdomen on the other, and leaving the epigastric region only absolutely uncovered.

The patient lying on his back, with the head on the same plane as the rest of his body and the pillow consequently taken away, you make ready a large handkerchief, folded up in such a manner that by its width it covers the entire face and by its length allows you, on the one hand, to cover the frontal region, and, on the other, may enclose the chin and easily reach the subhyoidan region. It is well for this handkerchief to be thick. Too thin, it would not preserve a sufficient dose of chloroform, and would necessitate its too rapid renewal. I do not advise any of the apparatus specially designed for administering chloroform. Their least inconvenience is their never being at hand when we need them. Your handkerchief being prepared, you empty on its lower part a dose of chloroform sufficient to soak it thoroughly, and you present it to the patient in such a manner that with your left hand pressing the upper part on the brow intercepts the air from that side and, at the same time, maintains the head in the position which you have given it, while your right hand carries the inferior border, wet with chloroform, a little beneath the chin, so as to inclose it as in a kind of cup. Surprised at this unexpected manœuvre, the patient seeks to escape the inhalation of the chloroform, and I have seen very few children willingly lend themselves to the beginning of this operation, even then, in place of, as it were, stunning the patient, as I do, they proceed by insinuation, holding and shaking the handkerchief quietly at a certain distance from the nostrils and mouth. One of our young *confrères* has published, in a work on chloroform in children, that we ought to administer chloroform to them as though playing with them. I confess never

to have had this possibility, and, whatever kindness, whatever patience we make use of at the beginning, we finish always by what I believe far more practical to begin with, viz., giving it by force. It was in reference to this that I recalled to you the necessity of putting chloroform only at the bottom of the handkerchief so as not to apply the wetted portion upon the mouth or, still more, upon the eyes. I have seen in a young girl chloroformed without this precaution an acute conjunctivitis which was not slow, thanks to an epidemic of diphtheria we were passing through, to become infected. The patient is kept steady; his arms, legs, and head are well fixed, and the chloroform begins to be evaporated. Some children, at this moment, continue the cries they emitted before the application of the handkerchief, and under the influence of these cries, great respiratory movements are produced: anæsthesia is at times produced with great rapidity. Such is, however, not the rule, more often the child defends himself in his way and refuses to respire. I have seen children resist twenty, thirty, forty-five seconds before making an inspiration. This inspiration is at last produced, however, and the examination of the *creux epigastrique* reveals its intensity. After this first inspiration, a period of rest is manifested, and to obtain a second, then a third, I press quite strongly with the ends of the fingers upon the *creux epigastrique*, and this manœuvre most often suffices to restore the rhythm of the respiration. Children, you know, as well as many women, do not pass suddenly through the phase of agitation to arrive at the period necessary to obtain, calm supervenes, the eyes remain wide open, or are agitated by slight convulsive movements, the pupils, at first largely dilated, are contracted little by little: we have reached the period of tolerance, to which soon succeeds the period of resolution. In reference to this, I have often sought with my interns if the law of contraction of the pupils coincident with complete anæsthesia, was as exact in the child as in the adult; and I confess to have found it very often defective: most often the period of resolution is produced insensibly, and one might very often be embarrassed to recognise that it has arrived, if one did not have, on the one hand, the