

Edinburgh Infirmary the administrators pay most attention to the respiration, removing the chloroform when the breathing becomes irregular or shallow, and the value of this caution is seen when I say that death from chloroform poisoning is almost unknown in this hospital.

Miller, in his *System of Surgery*, says: "The administrator, when the patient is 'over' and the stertorous condition of breathing has been induced, has a constant eye to the countenance and chest, an attentive ear to the coming and going of the laryngeal breathing, and a frequent hand upon the pulse, the state of the breathing being ever uppermost in his mind. [The italics are his.] It is time for him to withdraw the agent when the pulse becomes very rapid and small, or very slow, and the breathing obviously imperfect." This gives in a nutshell the directions for its successful administration. Of course, after the first stimulating effect is over the heart's action tends to be weakened, and in rare cases may be stopped suddenly before respiration, especially if the patient has been brought under its influence quickly. Brown-Séquard thus explains this in his *Lecture on the Physiology of the Nervous System*: "It is by reflex influence due to sudden irritation of branches of the vagus in the lungs that chloroform has killed in the rare cases in which the heart's action has been stopped before the respiration."

A most essential point to attend to is that the vehicle for its administration must be held at some little distance from the face so as to allow of the free entrance of atmospheric air, otherwise we have the struggling greatly intensified and the danger of producing asphyxia greatly increased. When syncope has occurred and the tongue been pulled forward, we may still fall in getting a free supply of air to the lungs, as the forcible pulling on the tongue causes the aryteno-epiglottidean folds to be made tense and approximated, thereby diminishing the diameter of the canal and interfering with the free entrance of air. Dr. Fouli's recommends for this the passing behind the tongue the handle of a table-spoon, and pushing the tongue forward by its means, thereby obviating this danger. What will answer equally well is a copper wire bent to the proper curve.

In conclusion, I wish to point out a possible danger from the bending backward of the head over the edge of the table that is often adopted when asphyxia is threatening, causing pressure to be applied on the vessels in the neck supplying the brain, particularly the vertebrals; indeed, in the Polynesian Islands the natives induce death by forcibly bending the head back and at the same time depressing the lower jaw, causing a complete obstruction of the cerebral circulation and death in a very few moments.

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