

When the administrator is a student who has a brief tenure of office, the results are unfavourable; when special men undertake the duties of anaesthetist, and remain in office for a long time, or when expert anaesthetists are employed, the death-rate is lowered. We may conclude, then, that one factor of importance is the anaesthetist. When he is well trained, and gives his undivided attention to his work, the safety of the patient is greater. Nor is this due merely to the hypothesis that such an individual adopts the best methods.

The Anesthetist Employed. These methods vary within the widest limits; and while one person will extol one type of procedure, another will prefer one which differs from the other *in toto et in parte*. If we compare the results obtained by the two men, they being expert in their particular systems, we find their results practically identical. But if their methods are pursued by a large number of students, most of them lacking in experience and judgement, and liable to errors of technique, we discover that methods do really constitute an important factor in determining danger or safety, for the incidence of death is favourable with some methods, unfavourable with others.

Returning to the administrator as a factor, we find, further, that few experienced men at the present day adopt one anæsthetic or one method to the exclusion of all others, and so the important element of judgement, itself the result of wide experience alike of failure and success, comes to play an important part; and the *selection* alike of the anæsthetic and the method intervenes and modifies the incidence of danger.

The Patient as a Factor. THE CONDITION OF THE PATIENT. Age, sex, altitude to a less degree, physique, temperament (e.g., height of pulse), intercurrent pathological states tending to depress the patient's resistive power, each and all influence the incidence of danger under anæsthetics. There are various diseases or acute illnesses which make for danger when certain anæsthetics are used, although perhaps they may not interfere with the employment of another agent. Let us make this clear by illustration. Nitrous oxide gas is regarded, and rightly so, as being the least dangerous of the general inhalational anæsthetics; and yet, if it is employed for a patient suffering from some defective disease affecting his air-passages, e.g., angina Ludovici, the use of the patient's life is infinitely greater than would be the case if chloroform, an anæsthetic at the opposite pole to nitrous oxide gas, as regards safety, had been employed. The inexperienced man would probably select nitrous oxide gas for such a case, pursuing general principles, and kill the patient; the experienced man would select the chloroform, and save the patient.

The fatal method tells us in this particular type of case. It would be recorded as a death due to nitrous-oxide gas; and although such was actually the fact, yet it does not in any way demonstrate that this anæsthetic, as such, is less safe than chloroform; indeed, the opposite is certainly true. It further happens that in many cases the condition of the patient is so serious that it becomes absolutely