

The immediate after effects of a general anæsthetic do not always receive due consideration.

The necessity of keeping the patient under close observation for some hours after the operation has been completed and he has been returned to the ward is not fully appreciated in many hospitals, and it is thought sufficient for the nurse to look in at the patient occasionally, or observe him at a distance from the end of a long ward. We have most of us observed alarming symptoms from nausea or collapse suddenly develop some time after the patient has left the theatre, and it seems most important that for some hours after a general anæsthetic has been administered the patient should be closely watched by a nurse seated at the bedside, and in hospitals which have this rule, greater care might usually be exercised in seeing that the rule is strictly obeyed.

I feel I can not bring to a close this very brief survey of some features connected with the administration of a general anæsthetic better than by presenting the following conclusions:—

(1) Where at all possible the patient should be anæsthetised in a special anæsthetic room, which should contain nothing that would shock his sensibilities.

This room should be completely isolated from, even though adjacent to, the operating theatre so that no sound can enter to disquiet the patient.

(2) Where, for special reasons, the patient is put under the anæsthetic in the operating theatre, all preparations in the theatre for the operation should have been completed before he enters, and the instrument trays kept out of sight.

In such cases it seems most advisable and most considerate that there should be no conversation allowed while the patient is being anæsthetised. If anything is said, or any direction given, it should be whispered, and anyone moving from one part of the theatre to the other, should step softly. These conditions might with advantage be strictly observed during the whole progress of the operation.

(3) The anæsthetist should confine his attention exclusively to the administration of the anæsthetic, and should always, even when minor operations are performed, endeavour to give the anæsthetic skillfully and cautiously with the minimum degree of shock to the patient, and the least possible danger of bad after effects.

(4) In most cases the patient's head can be kept well turned on the side, in which position the anæsthetic-laden mucous will collect at the side of the mouth, and can be occasionally removed by the anæsthetist with a gauze wipe on the finger, or made to flow out of the lips, instead of finding its way into the stomach and causing distressing and perhaps prolonged nausea.