

Scopolamine, unlike atropine, does not stimulate the respiratory and vasomotor centres.

Strychnine given before operation and during the course of the operation is considered by many to be of value in obviating or lessening post-anaesthetic shock.

Hypodermic doses most generally used:—

Morphine, gr. 1-6 to 1-4, with atropine, 1-150 gr.

Scopolamine, gr. 1-100, plain or with morphia, gr. 1-6.

Strychnine, gr. 1-30.

These drugs are best given from twenty minutes to half an hour before operation. Morphine and scopolamine are contraindicated in young children, weak subjects, comatose cases, and in those people with drug idiosyncrasies, whilst atropine is in exophthalmic goitre and tachycardia.

5. PREPARATION OF PATIENT.

When possible patient should be sent to hospital two to three days before the operation to rest up both mentally and physically, besides having his diet carefully regulated. The anaesthetist is thus given a chance to go over and examine his case at a suitable time before the operation. Silk points out that auscultation immediately previous to an operation is of little real value, the patient being excited and nervous, with rapid heart action and heart conditions which would be easily diagnosed otherwise go unrecognized.

If operation is in the morning purge the night before with calomel, magnesium sulphate or Seidlitz powder, and follow early in the morning with a plain or soap suds enema. Active purging should be discouraged. The stomach should be empty before commencing the anaesthetic and this is one reason why the morning is such a good time to operate. If operation is later on in the day no food should be given for at least five hours previous to it, although where there is a feeling of faintness or exhaustion a cupful of broth may be given two to three hours before the operation and will do good.

Start anaesthetic on anaesthetic or operating table. This is preferable to commencing it while patient is in bed. Instruct your patient as to breathing, lying still, etc. Endeavor to gain the person's confidence and at the same time size up your patient if you have not had a previous chance to do so, and, finally, see that there is nothing obstructing his breathing.

6. THE ADMINISTRATION OF THE ANAESTHETIC.

The amount of anaesthetic required for any particular operation depends largely upon the constitutional condition of the individual. Thus the anaemic, feeble, and those suffering from profound shock re-