more frequent signs of dagner and the methods of treatment which have been most successful.

Before commencing an administration the anesthetist should acquaint himself with regard to the condition of the patient, and although an elaborate examination is not usually desirable, for he will be told of any pre-existing disorder, still on two important points he must be fully informed, viz., the way in which respiration is performed and the condition of the circulation. He should acquire the habit of gaining an impression of his patient's physical make-up, as to the ease or difficulty, rapidity, depth or shallowness of his breathing, and as to the vigor or feebleness of his circulation. He should note the way the patient moves, speaks and breathes, and carefully observe his color, feel the pulse, and, if there is a suspicion of abnormality within the chest, use the stethoscope. People differ much in their behavior towards anesthetics, and this depends both upon their physical and their psychical natures.

A perfectly healthy individual of fine physical development is very often a difficult subject to anesthetize, for the reason that the greater the muscular development the more prone are mechanical difficulties to arise. Muscular spasm of a firmly-set jaw in an athletic young man is no easy proposition to handle.

The red-faced, short-necked, plethoric or alcoholic individual is very liable during the induction period to have much congestion of the tongue and fauces and spasm of the jaw. It is wise in all such cases, especially when ether is the anesthetic, to insert a small prop, with a string attached, between the teeth.

In the edentulous, if a prop is not inserted or a pledget of gauze placed between the gums and cheeks, obstruction to breathing arises by sucking in the cheeks.

When there is obvious and extensive nasal obstruction, the mouth must be propped so that the patient may receive enough of the anesthetic, with proper admixture of air, to produce smooth anesthesia. In partial obstruction I use small rectal tubes, cut six or seven inches long, passed through the nares to naso-pharynx. These, well vaselined, should be placed in position after the patient has been partially anesthetized, and joined with a safety-pin in front, so that they will not slip beyond reach. This is a most excellent method with stout patients, whose tongues swell or fall back.

Pale, weakly individuals are easier to anesthetize than the athletic type and, generally speaking, women more easily than men. Women, are, however, more liable to emotional excitement, but seem to be particularly free from a tendency to muscular spasm.