

blood-pressure. In conditions (1) and (2) the prognosis is fairly good if ether can be given, especially in association with oxygen, while asphyxial complications are absent. In (3) the danger to life is greater when ether or nitrous oxide is used, and when the blood-pressure is still further raised by such conditions as interference with respiration. Apoplexy has occurred not infrequently as a result of these anaesthetics being given. Equally perilous in cases of advanced pulmonary, bronchial, or pleuritic disease would it be to employ an anaesthetic which would increase respiratory difficulty, and so throw back a strain upon a heart probably taxed already to its utmost capacity. A more cardiac valvular lesion, when compensation is complete, or even renal disease confined to one kidney, need not, with care, involve the patient in greatly enhanced risk under anaesthesia. The danger to life when anaesthetics are given to patients suffering from angina pectoris with cyanosis is considerable, but not necessarily fatal.

Septic Conditions. It has been said that the pathological lesions seen after septic fever and after chloroform toxæmia are closely akin. This fact induces the anaesthetist to employ ether in acute septic cases, either by inhalation, insufflation, intravenous infusion, or colonic-absorption methods. Probably septic states of the thoracic walls and contained viscera alone furnish exceptions to this contention. However, as Graham has shown that phagocytosis is delayed by ether, even that anaesthetic is not without its risk, while spinal analgesia may prove dangerous in marked septicaemia, although safe in localized disease such as 'acute appendicitis.' If ether is employed, the injection of 5 oz. of pure olive oil per rectum, as soon as the patient is carried back to bed, has been shown to assist the rapid return of the power of phagocytosis.

5. The Nature and Duration of the Operation and Intercurrent Conditions associated therewith.

Shock. Blood pressure. Body Temperature. It is impossible in this place to go into any lengthy discussion of surgical shock. From whatever cause it arises, we know that trauma in certain regions, and involving certain structures, appears to bring about conditions which are commonly grouped under the term 'shock,' often associated with surgical procedures which in themselves do not seem serious and do not involve any great 'insult to tissue.' Such operations are those which involve the opening of the large somatic or cranial cavities—laparotomies, euliotomies, opening of the thorax, exploratory operations on the brain and spinal cord. Further, when viscera, and especially certain serous membranes, are dragged upon and dislocated, such shock eventuates. In the case of serous membranes, Professor Vandell Henderson contends that the loss of carbon dioxide produces acapnia, a determining cause of heart failure. Undoubtedly the opening of such cavities leads to changes in the haemodynamics of the body which may gravely prejudice the carrying on of the normal circulation. This is indicated, for example, by the rapid