In most of our hospitals it is the custom to do the final preparation of the area of proposed operation when the patient is on the operating table, and in many this is done while the patient is only partially anæsthetised.

Surely, the sponging or douching with turpentine, ether and alcohol or various warm antiseptic or plain sterile solutions, with afterwards the disturbance occasioned by the arranging of hot, dry or moist sterilized towels about the site of operation must be factors which retard the progress of the patient towards complete anæsthesia, and by undoubtedly exciting surfaces reflexes act as disturbing factors to both mind and body, when it is desirable to have these in condition as nearly as possible approaching complete repose and relaxation.

During the progress of the operation the attention of the anæsthetist should be wholly occupied with watching the condition of the patient. Too often, however, he can be observed to pay too much attention to the work of the operator, and on several occasions I have seen sudden respiratory and cardiac collapse of the patient first noticed by the operator and not by the anæsthetist.

It can not be too emphatically stated that the anæsthetist should give all his attention to his own end of the table, and should always be alert to note the first signs of any unfavorable symptoms during the whole time the anæsthetic is being given.

As with operators, so with anæsthetists, there is often observed too much striving after individuality, not individuality of thought, which is a limited and valuable commodity, but individuality of opinion and action, which delights in little ways of doing things for the sake of being different from others.

Even among anæsthetists with considerable experience one notes methods which seem to indicate too little knowledge or appreciation of some features of their work. One anæsthetist believes in crowding the anæsthetic at the start until the patient is hurried into deep anæsthesia and then giving just sufficient to keep him under during the rest of the time. Surely the first step is nearly always unnecessary and inadvisable, and may sometimes cause the sudden appearance of alarming symptoms of collapse. It seems to me to certainly produce a sudden and uncalled for shock to the respiratory and cardiac centres.

Others with the patient in the dorsal position, allow the patient's face to be turned directly upwards during the whole time the anæsthetic is being administered, and so permit much of the anæsthetic-laden mucous in the mouth to find its way into the trachea or stomach. This upturned position of the face always causes me some alarm, as I had on one occasion to do tracheotomy in a case in which the patient suddenly vomited and food was inspired into the trachea.