

few moments preceding the operation are the most strenuous in regard to the number and variety of the thoughts and emotions that crowd into it, of any period in the patient's life. If it be a first experience and if the operation be a critical one, to the purely mental perturbations, there may loom up before the soul not only the spectre of a past life, but a dim outline of the shore of "that undiscovered country from whose bourne no traveller returns."

However great the triumphs of surgery have been,—and they are only equalled in magnitude by the inestimable boon it has been to suffering humanity,—yet the fact remains that the patient's life is in jeopardy from the anesthetic, shock or unexpected complications. Although probably no other place can lay claim to so many triumphs as the operating-room, yet the awful suddenness of some of its tragedies is simply appalling. Whilst the story of its triumphs is a splendid inspiration to the patient as well as to the surgeon and all associated with him, yet the possibility of a tragedy hangs over the table like "the sword suspended by a brittle thread." This ubiquitous spectre in the operating-room makes it veritably "holy ground," and as such, what constitutes proper deportment in it? Perhaps this question can be answered best by stating what ought not to be "much in evidence" there. The decorum of the funeral service has no place in the operating-room, although the possibility of the need subsequently of such a service cannot always be eliminated. Hope should create such a buoyant spirit that it would manifest itself in all present. It is absolutely no place for either the amusing or boorish joke, social gossip, medical or political disputations. Nothing should be said or done that would disturb the patient, since it is a well-established fact that all the senses become hypersensitive during the early stage of anesthesia. For this reason everything should be in readiness for the operation before the patient is brought in. If the surgeon has forgotten any of his instruments, or if special ones are not available, the fact should not be discussed, for although it may be a trivial matter in itself, yet it may cause mistrust and anxiety to the patient. The anesthetist must remember that his part generally involves the most danger to the patient, and, therefore, should command his sole attention. I have no hesitancy in saying that when an inquest is held in case of sudden death during anesthesia, the anesthetist should be subjected to a rigid examination by an expert, and if any negligence be proven, punishment should follow it, as for any other criminal act. It is a mooted question as to what ex-