

No person should attempt to conduct a person from consciousness to a state of unconsciousness with the powerful drugs that are used for the purpose without being familiar with their action and have given several under the careful supervision of a trained anaesthetist.

The subject of anaesthetics is as a rule a neglected quantity in the average medical college, and all the curricula provide for is a few lectures, with the instructions to observe the manner in which they are given in the operating room when watching or assisting at an operation. A student with such a training certainly is not a reliable anaesthetist.

Primary duty of the anaesthetist is to the patient, and he should see that the individual leaves the table in the best possible physical condition and with his resistance as little impaired as possible. In administering an anaesthetic aim to make the induction and post-anaesthetic stages as pleasant as possible.

Anaesthetics should not be begun until just before the surgeon is ready. From 5 to 10 minutes should be allowed on the average for induction. A careful induction will avoid much post-anaesthetic unpleasantness. There should be an anaesthetic room, which is quiet, so that the patient will not be terrified by the preparations being made for the operation.

The anaesthetist should not attempt to watch the surgeon with a view of following the operation in detail, his entire attention being directed towards the patient, but he should be conversant with the progress of the operation so as to be able to regulate the depth of anaesthesia. Once the anaesthetic is started the anaesthetist should see that everything is done as expeditiously as possible so as to facilitate recovery.

## 2. ALCOHOLISM AS A COMPLICATING FACTOR.

Patients addicted to the use of alcohol are, as a rule, bad subjects for anaesthetics and tax the utmost skill of the anaesthetist during the administration of the drug. They are excitable and consequently need a much greater amount of anaesthetic and are in a physically poorer state to stand it.

The best anaesthetic to use in alcoholics is ether or nitrous oxide and ether. Oxygen should be used to control any dangerous degree of cyanosis. Rowell and Kingsford state that under chloroform and ether the spraying of a few ccm's. of ethyl chloride on the open mask will overcome spasticity, clonic spasms, jactitations, it being often very difficult to get muscular relaxation in this type of case. Some alcoholics can't be successfully anaesthetized by any of these methods and require some means of fixation to the table.