Medical Matters.

THE ÆSTHETICS OF ANÆSTHETICS.

Dr. Frederic W. Hewitt, M.V.O., M.A., consulting anæsthetist and Emeritus Lecturer on Anæsthetics at the London Hospital, delivered an interesting lecture at the hospital on February 25th on the above subject, which is published in full in the *Lancet*, in which he said, in part:—

"I do not propose to deal at any length with the technical principles of anæsthetisation. . . . I am to-day concerned with those details which make for mental tranquility and comfort during and after the administration of general anæsthetics.

"One of the first duties of the anæsthetist is to treat all patients, whether they be of the sensitive or of the phlegmatic type, whether they be of the amenable or of the cross-grained class, with the utmost consideration, kindness, and tact. Discourtesy on the part of a patient —nay, even actual rudeness—may be but the expression of an overwrought nervous system. Whenever possible it is a distinct advantage to see patients and to examine them before the time appointed for the operation. This is particularly the case when a patient is exceedingly apprehensive with regard to the anæsthetic, or when there is some grave respiratory, circulatory, or other condition which may complicate the anæsthesia. It is practically impossible to obtain a correct estimate of the patient's condition and the best method of procedure when one sees him for the first time lying upon the operating table surrounded by surgeons and nurses prepared and waiting for their respective duties. By seeing a patient a day or two beforehand the important question of the diet can be settled and final injunctions issued against the reprehensible but prevalent practice of giving the patient tea, beef tea, etc., three hours before the operation. The question of the preliminary use of morphine and atropine can also be considered. During the past two years I have used these drugs (generally ½ grain of morphine and 1-120th grain of atropine 20 to 30 minutes before the anæsthetic) with great advantage, particularly in abdominal cases. The indifferent and rather sleepy condition brought about by the morphine is a great boon to apprehensive patients; abdominal relaxation may generally be secured, even in muscular men, with less anæsthetic than usual; the secretion of mucus during anæsthesia is almost wholly prevented, and the patient passes through the first portion of the otherwise painful post-operative period in comfort.

"It is to be regretted that in their laudable desire to conform to the ever-increasing demands of aseptic principles, many surgeons altogether lose sight of the disquieting effects which their methods of applying those principles may have upon patients, and particularly upon nervous patients. I have on numerous occasions seen sensitive and apprehensive subjects about to undergo formidable operations absolutely appalled at the sight presented to them on entering a well-equipped operating theatre, with its blaze of electric light, its complicated and comfortless operating table, its suggestive foot-baths beneath the table, its equally suggestive red tiled floor, its hissing sterilisers, its trays of glistening instruments, and its small army of surgeons, assistants, and nurses, all masked, gloved, and gowned in accordance with the latest dictates of science. I do not for one moment desire to belittle the precautions and preparations of the modern surgeon. My point is that it is unnecessary—I had almost said barbarous—to bring those precautions and those preparations prominently before patients about to undergo operations. Curiously enough, there are still some nurses who seem to think it necessary to provide unfortunate patients about to be operated upon with the hardest of operating tables, covered with the coldest of mackintoshes, and furnished with the thinnest and most uncomfortable of pillows To place a cold mackintosh for a patient to lie upon is to be guilty of a surgical misdemeanour. In all cases the operating table should be well warmed by hot water bottles before the patient lies upon it, and great care should be taken to see that the bottles are then removed. I have heard of several instances of extensive burns resulting from a want of this precaution. During the operation the bed into which the patient will subsequently be moved should also thoroughly be warmed and covered with a full complement of clothes till the very second that he is transferred from the table to the bed. The curious custom of exposing one-half of the bed throughout the operation still remains. Immediately the operation is over the patient should be placed in the warmed bed and the hot-water bottles removed. The importance of this last-named point cannot be over-estimated. I have, in my experience, heard of at least a hundred cases of more or less serious burns due to inattention to this point. The rule that should be followed is that under no circumstances should a hot-water bottle be placed in bed with an unconscious patient. Although the anæsthetist may incur the displeasure of the nurse, he should, I think, always make a point, before he leaves his patient, of searching for and removing all hot water bottles."

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