THE PSYCHOLOGY OF INDUCTION IN
ANÆSTHESIA.

Honorary Anaesthetist to the Manchester Hospital for Consumption and Diseases of the Throat and Chest.

It has been said that it is "sometimes well to emphasize the obvious"!—for that reason I pen the following comments:

It is a far cry since the days when the producing of unconsciousness totally lacked psychology and was merely brutal, such as pressing the carotid artery, (carotid="the artery of sleep") or by other traumatic means bringing about a merciful syncope.

In modern days psychology has a definite place in the administration of anæsthetics. The anæsthetic is an incident to the anaesthetist but an epoch-marking event to the patient. Patients, as a rule, do not fear an operation, but they do frequently dread the anæsthetic:—"giving up their consciousness," "entering the unknown," "wondering if the surgeon will begin his duties too soon!" or, "shall I come round?" Dr. Dudley Wilmot Buxton states, "It is not a mere figure of speech to speak of 'dying of fright'."

As distinct from his skill, the mentality and attitude of the anaesthetist are of the greatest importance. It is an advantage if he is personally known to the patient, and it is therefore wise to try to see a case before the time of operation. We have all seen the quiet, gentle type of anaesthetist engendering confidence and hope in a patient. Equally acquainted are we with the blistering pre-historic cave-man, "You for it" variety, shocking his patient and disorganising the team work in any theatre. There has been seen and heard (fortunately rarely) the over-confident anæsthetist who walks about the theatre, returns to his patient, administers an anæsthetic douche and then resumes his ambulatory
route. Lastly, the "know-all" who resents the kindly and helpful suggestions of the surgeon or of anybody else. To a patient in whom anaesthesia is being induced, noise and movement around him become exaggerated or are actually "painful" as a 'victim' expressed it. The banging of doors, shutting or opening of windows, the clank of instruments being emptied into a tray, footsteps in the theatre, the loud blowing of nasal organs, or the quoting of the latest "Limerick" (often as old as the hills) may all be described as adventitious sounds which are genuine disturbances to any patient whether nervous or otherwise.

The dumping of sterilised ironmongery upon a patient's epigastrum before induction is complete, or the willing assistant whose effort in controlling a fractious semi-anæsthetized person resembles that of a rugby scrum, are not exactly pacific factors relative to induction.

In the scheme of things pertaining to the introduction of anaesthesia, the anaesthetising room has its status. It should be peaceful, warm, light, not gaudy in decoration, such as a fiery red colour or icteric in appearance, and devoid of oak panels—the latter being to a failing consciousness too suggestive of brass fittings and a bunch of flowers! Severe terror, before or during induction, is definitely harmful and prejudices recovery. Therefore an attempt should be made to induce a placid and philosophical temperament as well as anaesthesia. This can be greatly aided by a tactful Ward Sister or Nurse, or by creating an atmosphere of the "matter-of-course" routine of a Surgical Ward or efficient Nursing Home. It is not good to overdo the pre-operative preparation of a patient. Insure a good night's rest beforehand by giving drugs, if thought advisable, and discuss topics more cheerful than surgery.

Avoid all unnecessary fuss or delay in the passage from bed to the commencement of the anaesthetic.

Give the patient instructions as regards breathing, indeed give him something to think about, and DO.

See that his position upon the table is as comfortable as circumstances permit. Some patients like to hold the hand of a nurse or other attendant during induction.
Hearing is the last sense to be lost, therefore be sure that unconsciousness is established before making any medical or personal remarks.

The anaesthetist's aim in the psychology of induction is to control fear, to diminish if he can, better still to abolish, that frequently-present "certainty" in the patient's mind that consciousness will not return.

Fear is infectious—from a patient, via the anaesthetist even to the surgeon and his theatre staff. If it were not so, teamwork would become more mechanical than human, and confusion in emergency increased. The potential loss of a patient, followed by a necessary interview with a Coroner, and a possible unwanted advertisement in the Press—become very real.

It is a high ideal to attempt to eradicate fear in a child to such an extent that memory will not cause it to dread a possible second anaesthetic in later life, or in an adult in the case of a two-stage operation.

We are all familiar with expressions of anxiety—just before and during induction—such as: a child crying lustily for its mother, the woman calling upon the Diety for help, the old man disjointedly muttering about his manhood days, the soldier with his canteen phraseology. (sui generis). To a thoughtless anaesthetist these expressions are simply, and nothing more than, a collection of well-worn gramophone records!

The statement has been made that induction begins at the moment of decision for operative interference. Certain it is that such a decision, for most people, "hits you where you live" as the Americans define it.

The advice to undergo a general anaesthetic is too often misconstrued as request to make a will or put a house in order. Even at this stage an anaesthetist can be helpful by taking upon himself what might be termed a psychological power of attorney and advocating sleep in place of finality. Obviously again, pathology and shock sometimes win the day, but even in these cases perhaps a peaceful induction may lead to a Euthanasia much more to be desired than life wrecked by some of Nature's degenerations. We know something of the interaction of pathology and anaesthesia,
but "psychic shock" still remains elusive as regards its true interpretation. The obvious things and the apparently simple are not always easy to practise. Experience, skill, and psychology together do not guarantee a fear-free induction, but their employment does much to rob the backwaters of Lethe of many terrors: their employment gives the Surgeon opportunity to perform his art with the minimum of concern, and the anaesthetist the privilege of guarding those who sleep.