

*SURGICAL TECHNIQUE

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Patient.

The patient should enter the hospital at least 24 hours before operation and be placed in bed immediately.

Castor oil oz. 2 in beer is given at once followed by a little more beer to mask the taste. (Mayo & Oschner).

In stomach cases, the patient gets a hypo. of Morphine Gr. $\frac{1}{6}$; and in goitre cases a hypodermic of Morphine $\frac{1}{6}$ with Atropine Gr. 1-120. (Mayo).

At 7 A.M. on the day of operation (except in rectum cases which have an enema the night preceeding) an S.S. enema is tried, which, if not effectual, is followed by an alum enema Dr. 31 to the pint (Mayos use this for flatulence).

In acute cases of appendicitis, intestinal obstruction or perforating peritonitis no laxative is given or enema administered except by special direction of the surgeon.

A new tooth brush is provided for each patient with which the teeth are cleansed every 2 hours both before and after operation. (Treves). The mouth wash to be so used is:

Sod. Chlorid.	15 c. c.
Sp. Vin. Rect.	300 c. c.
Glycerini	100 c. c.
Aquae ad	1000 c. c.

Wadsworth in the Journal of Infectious Diseases, Oct. 30, 1906; reviewed in the Therapeutic Gazette, page 98, February, 1907.

On the night preceeding operation a meal of beef tea, soft boiled or poached eggs, with toast or soda crackers is given; except in stomach cases, when an eggnog or milk

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