

level of the eyes. This mask is secured by tapes passed above the ears and tied at the back of the head. This device not only acts as a guard to stop the outward passage of particles of saliva expelled by breathing and talking, as do the strips of gauze or the face mask ordinarily used, but being a continuance of the gown it prevents epithelial scales and perspiration from falling where they should not. A cap is worn that covers the hair entirely and can be tied with tape to fit snugly. As a possible precaution against falling particles, the cap is put on before the gloves are.

Green soap is used for the hands. This is sterilized by boiling, and is kept in a telescoping container which protects its contents from contamination by exposure to the atmosphere. Sterilized green soap made into a freely flowing fluid by dilution with alcohol and ether is used in the preparation of the skin of the patient.

Nail-brushes are boiled and kept in sterile containers. The usual custom of keeping brushes in bichloride solution is unsatisfactory, as the brushes rapidly become softened and unfit for use. The usual Tampico fiber brush is ordinarily used, as it is cheap and effective.

The number of instruments is limited to the smallest number with which the work can satisfactorily be done. A large number of appliances are a hindrance rather than a help to clear cut and direct methods. The operator who knows the uses of a few good instruments well, and is deft with his fingers can do rapid and easy work. Instrument trays are not used; the instruments are taken directly from the bicarbonate of soda solution in which they are boiled, and laid on the instrument table, which has been covered by

sterile towels. The instruments, being hot when laid out, are speedily dried by their own heat. An adjustable table which extends over the body of the patient is a great convenience.

Wounds are made as short as is consistent with good work. The general direction of muscular fibres is followed, and separation with displacement rather than division practiced wherever possible. In going through the abdominal wall, the scalp, or other soft tissues I frequently use sharp-pointed scissors to the exclusion of a scalpel. Easy and accurate division is insured, the bleeding is not so free as when a sharp knife is used, and the number of instruments is lessened. A small opening is made in the parietal peritoneum, and this is stretched rather than cut to the requisite size. Before making the opening the peritoneum is separated with the finger from the superimposed structures for a short distance on either side; this makes the peritoneal suturing much easier. The various points at which pathological changes are commonly found are inspected systematically as a regular routine. Blood or other fluid is removed by dry sponging, and irrigation is seldom resorted to. Bleeding is controlled by temporary pressure with hemostats, by torsion of the vessel end, or by individual ligation of the arterial branches. Ligatures are seldom applied to structures *en masse*. Catgut is used exclusively as a ligature material. Unnecessary conversation is avoided. As nearly as possible the same system is followed in each operation in order that nurses and assistants may become habituated to a certain routine, and thus be enabled to anticipate the various steps of the operation.