

a course is open to question. On the other hand, is it not their privilege, aye, and duty, to classify and utilize the knowledge already gained? Many things may be true which are comparatively valueless. To know the facts is important, but a further effort and patience in the pursuit of truth are required to ascertain which are the most valuable. The line must be drawn somewhere. Probably were we to attempt, at present, to distinguish between the different methods practiced in ovariectomy, no two investigators would be found agreeing in every particular. This supposition justifies the expectation now indulged, that the subject chosen for discussion this morning will prove interesting and profitable to all present.

The discussion of ovarian disease—its diagnosis and various methods of treatment, is not designed in this paper; but the diagnosis having been made, and ovariectomy decided upon, it is proposed to ascertain which are the most successful, and consequently the most useful methods of accomplishing the various steps of the operation. The plan proposed is to give a *resumé* of what the writer believes to be the best methods now practiced, and to assist in eliminating a mass of rubbish, which at present, encumbers the literature of this procedure. A desire for brevity, and the intention to avoid, *en passant*, a discussion of those points which may be more advantageously considered at the close of the paper, must excuse the peremptory manner in which the writer's views are occasionally expressed.

PREPARATIONS FOR THE OPERATION.

The operation should be undertaken only by that surgeon who realizes the full weight of the responsibility he assumes, and determines to be thoroughly prepared for every step of the procedure, as well as any emergency that is liable to occur; for, unquestionably, success greatly depends upon the preparations previously made, the care and skill exercised during each stage of the operation, and particularly the vigilant supervision given to the minutiae of the after-treatment. When possible, choice should be made of a pleasant and healthy locality, and of a large and cheerful room, capable of being heated and ventilated. The room should be thoroughly cleansed, the ceiling whitened, the walls calcimined or newly papered, and the wood-work and floor well washed, using plenty of soap and water. The carpet and furni-

ture should be new, and the bedding clean. It will be found convenient to have two beds, as nearly alike as possible, in the room, so that the patient may be easily lifted from the one to the other. The patient having, after a full and candid explanation to her of the possibilities of the operation, voluntarily decided to avail herself of this prospect of a radical cure, this question ought to be regarded as settled; and from that hour all discussion on that point entirely avoided, while every means should be employed to inspire her with hope and courage. In the absence of urgent symptoms, time should be taken to improve her physical condition, and elevate her vital powers. She should be kept free from excitement, her food nutritious and easily digestible, the bowels regular, and the kidneys secreting a proper quantity of normal urine. A few days preceding the operation, she should occupy her lying-in room, and be treated as an invalid. The evening before, or the morning of the operation, the bowels should be thoroughly evacuated by a sufficient dose of castor oil, after which, on account of the liability to sickness from the anæsthetic, no solid food should be allowed. A kind, intelligent, and experienced nurse should be secured—one who will faithfully and tenderly attend the patient, and maintain a firm yet gentle discipline over the room. It is obviously impracticable to decide, with absolute certainty, upon a fine day for the operation, as has been recommended, with the wind in a certain quarter. The choice has to be made some days previously, and no ordinary weather-prophet can calculate with much certainty the state of the weather two or three days hence. The patient prepared, the nurse and assistant on hand, and everything being in readiness, it would be exceedingly inconvenient to postpone the operation on account of a rainy day, or an east wind. The operator should have a written list of all the instruments and utensils usually needed, including those rarely required in any emergency, this list should be checked, and the instruments properly arranged on the table, convenient to his hand.

One hour previous to the operation, the patient should receive thirty drops of laudanum, and immediately before the anæsthetic, a little brandy and water. The anæsthetic administered, the assistants enter the room, the temperature of which should be maintained at about 80°, and all

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