

only is given. No food or drink is given on the morning of operation.

Should the patient be accustomed to the habitual of alcohol, it is not to be interdicted at this time. (Treve.

On the night preceeding operation a warm cleansing bath is given. Just enough borax is put in the water to soften it. McClintock's biniodide of mercury soap is used for this. Should the patient be strong enough, a bath tub is used, otherwise a thorough sponging does. No further antisepsis is attempted until the morning of operation, except in gynecological cases which have in addition to the bath a warm 1-3000 bichloride douche followed by 70% alcohol swabbed over the vagina on the night preceeding operation. (Mayo's modified).

The bladder is emptied immediately before operation.

The patient is anaesthetised in a quiet room before being brought in for operation.

When placed on the operating table, a 5 yard gauze scarf attached by the middle to the head rest is passed across the shoulders and down to the sides attaching the hands to table at the sides with a slip bow knot. This will prevent the shoulders from sliding off the table (in case the head is lowered) and keep the hands out of the way during operation.

A three yard gauze scarf is wound around the limbs and lower end of the table to hold the knees down in case of struggling.

The anaesthetic, perferably aether by the drop method, is always given on a chloroform cone-covered with 8 ply of gauze.

Disinfection of the field of operation is begun with McClintock's soap and sterile water and cotton swabs torn off as required by the assistant surgeon from a sterile roll held by the assistant nurse (no nail brush is used to abraid the skin.) While thus washing up the patient is shaved with a sharp sterile razor. Following this is Harrington's Soln. $\frac{1}{2}$ min. (2 minutes of this solution will sterilize even dirty hands. Harton: Annals of Surgery, October 1904); then 70% alcohol $\frac{1}{2}$ minute; then sterile water.