

and accidents must supervene. To the trained anesthetist you may safely leave the choice of anesthetic and bear an easy mind. One may digress here to remark that the public are apt to place too slight an estimate upon the dangers of anesthesia, and this leads to the difficulty which the anesthetic specialist meets with in securing competent fees.

For removing the blood I employ sponges made of gauze folded to a size about two inches square, which are used in the larger incisions. For the deeper parts cotton wipes about the size of a stone marble and tips are used; an abundance of these should be of ready access, and a nurse detailed to handle these only.

I am not wedded to any particular set of instruments, but I use chiefly the Alexander gouge, the McEwen chisel, and McKernon's and Richard's curettes. The hammer I employ is the heavy lead filled and faced, short and solid handled mallet, for which I have long discarded all others of lighter make, because it enables me to remove the bone with a very light stroke. I have never used the burr with any confidence, because it appears to conceal the field at the very point where absolute clearness is needful. Two probes are necessary, one of which may be usually found in a surgical dressing case, but the other must be a fine malleable ear probe capable of entering the smallest fenestræ.

In the earlier stages of the operation retraction may be obtained by the use of two (Allport's) retractors, but a variety should be on hand, and the trained hands of an assistant will always be found most effectual. In a radical operation a piece of gauze tape may be inserted through the flap incision, or through the auditory canal backwards under the free edge of the lining of the external auditory canal, after this has been well freed from the bone at the tympanic ring. Two or three fine Barth's curettes, forceps, and periosteal elevators should be on hand, for the investigation of the inner wall of the middle ear and the eustachian tube. Two angular ear dressing forceps are required for the application of the wipes to the deeper parts of the wound.

It is a matter of indifference to me whether I stand above or below the wound, but my chief assistant must be opposite, and the instrument table within reach of the operator and in