

diet for forty-eight hours, and have nothing by mouth for four hours before having the anæsthetic. Just before sending the patient to the operating room pass the catheter, so that the bladder may be empty.

*To Prepare the Operating Room.*—There should be in the room the operating table, four or five smaller tables, a stand for the jars of plain and iodoform gauze, bandages, safety pins, iodoform powder, drains, strapping, extra sponges, gauze pads and towels. Scrub the walls and tables with soap and water, then bi-chloride of mercury 1-2000. On the operating table there should be a rubber pillow, sterilized blanket to fold over patient's chest and arms, rubber pad, and smaller pieces of blanket for lower limbs and sterilized bandage to fasten. Place a tub under the table. Cover the smaller tables with sterilized towels. On the left side of the operating table there should be a table holding a basin with brush, soap and water; another basin containing a small piece of gauze and alcohol, two jugs of bi-chloride of mercury 1-2000 and two plain water; for scrubbing the patient. The table holding basins, hot and cold sterilized water for sponges, should also be on the left side. Put the sponges in a basin, cover them with sterilized water, and place another basin to cover it. In another put four or five sterilized towels and cover with bi-chloride of mercury 1-2000. At the head of the table have a low stool and a basin containing chloroform, ether, vaseline, split cork for chloroform bottles, inhalers and anæsthetic towels. The operator stands on right side of patient, so place the table holding the instruments at his right hand. To prepare the instruments, scrub with soap and water, put in a clean pan, with a pinch of soda and boil for half an hour. Then scrub the hands thoroughly, disinfect, dry the instruments with a sterilized towel, place on the table and cover with another sterilized towel. On another table put the needles, needle-holder, catgut, silk, silkworm gut—previously boiled in carbolic 1-20—silver wire, a pair of dressing forceps, pair of scissors. There should also be in the room basins of sterilized water to wash instruments, strychnine, brandy, hypodermis syringe, saline solution, siphon, tubing and nozzle, cautery, aspirator, tourniquet, and a blackboard to number the instruments and sponges. Before entering the room the doctors will require for scrubbing their hands, nail brushes, soap, water, carbonate of soda, chloride of lime towels, bi-chloride of mercury 1-2000, and rubber aprons.

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## AN INTERESTING CASE IN PRACTICE.\*

By Dr. MERRITT, St. Catharines, Ont.

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Through the kindness of Dr. Schooley I am enabled to report the following case which is of some interest from its rarity:

It is that of a young woman aged 25 years. Her family history is unimportant; her mother, however, being dead since the patient's early childhood. Her previous history was that, as a child, she suffered for 4 or 5 years from malaria (genuine), she married about 18 months ago and had a miscarriage which was attended with excessive hæmorrhage. Her condition on first coming under my care was that of a tall, emaciated and rather anæmic woman,

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\* Reported to Niagara District Medical Association.