

cysts, have frequently been undertaken in pregnant women without any mishap. What has been said about pregnancy also to a great extent applies to operations during lactation. This throws considerable strain on the system and renders it desirable to postpone any operation which is not urgently required.

Temperament. Before recommending any serious operation it is always well to have some knowledge of the patient's temperament and to observe his mental attitude towards the disease and the treatment. Such information may help one considerably in the choice of treatment, operative or otherwise; it will also frequently have a great influence upon the ultimate result. A placid and cheerful state of mind is an encouraging sign in a patient who has to face a serious operation. An apathetic fatalistic attitude, in which the patient does not care, or scarcely wishes to recover, is on the other hand of very bad omen. Considerable care must be exercised before recommending operations, unless they are very obviously indicated, in neurotic subjects.

A good example of this is seen in the symptoms which are associated with a movable kidney. These patients are very often neurotic, and in such, even though the kidney by the operation of nephropexy be firmly fixed in its normal position, the symptoms will probably continue. The same operation for similar symptoms in a patient of normal sensibility and placid temperament will probably result in their complete disappearance. Mental worry of any description is a serious disadvantage to any patient who requires operative treatment. Restlessness of mind will probably lead to bodily restlessness, and the two combined may have a very ill effect. Worry in men is generally due to business matters, and in women to their household affairs and their children. On this account, as well as for convenience of nursing and treatment generally, it is usually advisable not to operate in the patient's own home but to have them removed from familiar surroundings to a hospital or nursing institution. Under these circumstances visitors can be limited or if necessary totally forbidden, and the worries, which though often trivial are very real, can thus be kept from the patient; it is practically impossible to secure this freedom from mental irritation if the operation takes place in the patient's own home. In restless and neurotic patients, too, the new surroundings and unaccustomed faces are often of the very greatest benefit.

Habits. The success of an operation may be seriously affected by the patient's habits. Unfortunately these are often unrecognised before the operation, for the patient is naturally averse to give information, and if the suspicions of the surgeon are aroused the suggestion will probably be denied. That the vicious habit is indulged in is thus usually revealed by disturbances, either mental or physical, after the operation. The most frequent and important of these habits to be considered is alcoholism. An alcoholic is certainly a bad subject for at any rate major operations. This is true not only in the case of drunkards but also in that more numerous class of individuals who, though they would deny ever being intoxicated, are yet continually taking small doses and are unable to do without the drug. The dangers attending operations upon alcoholics are three in number: (a) there is the possibility of an attack of delirium tremens, or of some less serious mental disturbance; (b) the normal healing of the wound is likely to be interfered with; (c) there may be serious general complications.