

MODE OF CONDUCTING OPERATIONS.

I may begin this part of the subject by observing, that in conducting an operation, the surgeon ought himself to attend to all the requisite minutiae. He should, previous to the day of operation, see that there is a fit chamber for its performance, that the light of the room is adequate, and that there is a proper table or chair for the patient to be placed on during the operation, and a proper bed for him after it.

With respect to the *light*, it is always essential that he should consider well beforehand the position in which the patient is to be placed, and his own position that these may be so arranged as to produce no shade to interrupt any step of the operation being distinctly seen. For this purpose, he must likewise pay attention to the arrangement of the places for assistants and by-standers.

The next thing to which attention ought to be directed, is the *position* of the patient. Surgeons are often in the habit of performing some operations with the patient in the erect posture, which could be executed much more advantageously were they placed in a horizontal position, on a table or sofa. In all operations, where much steadiness on the part of the patient is required, or where he is to suffer much pain, I find great advantage from securing him on a table. The table should be firm and strong, and, for most operations, you will find one of six feet in length, two in breadth, and three feet high, answer the purpose. There are some particular operations wherein great nicety in the choice of the table is necessary, but these will be pointed out in their proper place. The table should be covered with a few folds of blanket, and there should be proper pillows to support the head. I also find great advantage from having an inclined plane, like a reading desk, on the head of the table; and instead of the common pillow, half a small cylinder of wood answers particularly well, placed under the neck. It keeps the head and neck securely in one position during operations in these regions — an object which it is difficult to accomplish with a common pillow. There are some operations wherein a proper chair is sufficient for the security of the patient, more particularly those on the eye, nose, throat, &c.; and a chair ought to be preferred, when admissible, as it appears less formidable to the patient. In performing operations on infants, great facility and security are afforded by placing the trunk of the body and limbs in a linen bag, open at both ends, and sufficiently tight to keep the arms close upon the side, and prevent the limbs from bending.

The *Bed* for the patient should be well chosen, and should consist of two hair mattresses in preference to a feather-bed, and

placed in a proper part of the chamber. It is a good general rule, to make the patient lie one or more nights in the bed which he is to occupy after the operation. The advantage of this is, that he is enabled to sleep more tranquilly, from being accustomed to the bed. When it is necessary that the patient should remain in any particular position after an operation, or continue in one position for a considerable time, it is then advantageous to attend more rigidly to the previous arrangement of the bed, and it is proper for him to sleep in it longer, or even to make him lie, for some time, in the position in which he will be required to remain after the operation.

I received this useful practical lesson from Mr George Young, than whom I never knew any individual who practised surgery with greater sagacity, observation, and intelligence. It is particularly applicable to cases of operation on limbs, such as for the removal of the moveable bodies which form in joints. In such cases Mr Young not only placed the patient in bed for some days *previous* to operating, but he even put up the limb in the splints and bandages which were to be applied *after* the operation.

It is an excellent rule not to confide to others the selection and arrangement of the instruments and apparatus necessary for an operation. The operator himself ought to plan every step of the operation, and you will find it a kind of rehearsal to make a list of everything required, and yourself to place and examine every necessary instrument. This enables you to dwell and reflect on every possible point relative to the particular case, so that when you come to the actual performance of the operation, in place of confusion and delay, which so often occur in public hospitals from the surgeons confiding to others, the whole will be conducted systematically, and everything like hurry and bustle completely avoided.

Instruments. — All the instruments ought to be laid out in proper order, and covered over, so that the patient may not witness the preparations which are required. Pains ought also to be taken to avoid all exhibition of blood, as the sight of that never fails to create disquietude in the minds both of the patient and his surrounding friends.

The necessary preparations should be made as far as possible, without the knowledge of the patient; and there is nothing the surgeon should so much avoid, as by his dress, to impress him with an idea that the operation will be attended by much bloodshed. It used to be a very general custom, and one which still I fear prevails with some, more particularly in public hospitals, that the surgeon attires himself in such a dress as to give rise to an impression that he is about to perform the duties of an ex-

cutitioner rather than those of a benefactor! On such occasions it is easy to contrive so to dress yourself that any small quantity of blood which may be spilt shall not be conspicuous.

The Assistants. — I have already urged that it is of great importance to guard against anything like bustle and confusion during the performance of operations. These are to be avoided by a strict attention to arranging the duties which assistants have to perform before the operation is commenced. Want of attention to any circumstance, however trivial it may seem, is apt to disturb the calmness and tranquillity of the operator: and though it may not always be observed, yet any appearance of hurry will also create more or less agitation in the mind of the patient. Each assistant ought to have his particular duty assigned to him, and you will find it a good rule to assign to each his particular office, before the patient is brought into the room where the operation is to be performed, as this not only prevents delay, but all appearance of confusion, which occurrence would at that time not only alarm the patient, and protract his sufferings, but would also, more or less, distract the mind of the operator.

Whenever an operation is to be performed, however trifling it may appear in a medical point of view, it is of great importance always to have a sufficient number of assistants. You ought, indeed, to calculate the number of *hands* which may be required at any one period of the operation, and it is an excellent plan to select the number which may be requisite, giving each assistant the necessary instructions before the patient is brought into the room. When things are thus methodically arranged, much time is saved to the operator, a great deal of anxiety to the patient, and the whole operation is completed without the slightest confusion or appearance of hurry. Besides an assistant to take charge of the instruments and another to manage the sponges, it is very useful to have a sufficient number to secure the patient perfectly; for however courageous many persons may be before the operation, they often feel disappointed, as regards the degree of pain, and the time occupied in performing it, and the mind becoming fatigued and irritable, the sufferer has no longer the power of controlling himself, and is unable to remain steadily in the same position. You ought therefore to trust alone to assistants in order to secure the patient's immobility. It is also a prudent measure never to allow any unprofessional bystanders to be present during an operation, as such persons are very apt to become agitated and alarmed, and more or less to interrupt the operator, as well as to discompose the patient.

It is always advisable never to converse with patients, or reason with them, during the performance of an operation; the time to fortify and tranquillize the mind ought to be before it is commenc-

ed. It is proper, likewise, to give an explanation to the patient of our own belief as to the probable duration of the operation and of the degree of pain which he is to suffer. If it be an operation wherein the pain will in all probability be trifling, endeavor to impress that on his mind; whereas, if he be to endure severe and protracted pain, it is much better to give him a correct impression of what he is to suffer. The effect of acting in this manner I have generally found to be that, with patients of the former description, is saved a great deal of unnecessary fear, while you enable those of the latter description to fortify their minds against that which would have cost them much more agitation and excitement had they not been thus prepared to meet the event.—*Wardrop's Lectures.*

A NEEDLE BURIED IN A MAN'S HEART.

The following case was lately reported to the Academy of Medicine, by M. Renaudin. A man of the name of Louvet, a *limonadier*, from Calvados, came to Paris on the 13th June last, and took a lodging near the Barrier du Roule. He seemed very absent in manner; spoke in monosyllables; usually left his apartment early in the morning, and did not return till late at night. On the 29th there was found after him a note, in which he said he had always been an honest man, and would die so in the course of five or six days. On the 6th July, he took to his bed, kept an obstinate silence, and was occasionally delirious. The following night he was found half strangled, with a cord round his neck: on being questioned, he said he did not know what he was doing, but that there were some villains who wanted to hang him, &c. He was taken to the Hôpital Beaujon next day; when he said, that about two months before, he had had shivering, vomiting, pain in the side, and bloody expectoration. The cerebral symptoms now became aggravated; the pulse was 127; respiration 27; decubitus on the left side. In an effort to rise, he fell back and expired.

On examination of the body, a large quantity of sero-purulent fluid was found in the pericardium. The apex of the heart was adherent; the heart itself more large and lengthened than natural. In the substance of the right ventricle was found embedded a needle, which extended into the cavity. The lungs were gathered up towards the top of the chest. No trace of a cicatrix, by which the needle might have entered, could be discovered on the exterior of the body.—*Gaz. des Hôpitaux.*