

short, the other hanging out of one corner of the flap, chiefly, they said, for drainage. During my student days it was rare to have an amputation of the thigh live until the ligature came away on the 14th day, the patient usually died of shock or pyemia the first week; I do not think I ever saw an amputation of the thigh high up recover.

Surgical operations then consisted chiefly of removal of external tumors, amputations for injury or disease, cutting for stone and opening abscesses. The abdomen was a *mare clausum*, and if by accident the peritoneal cavity was opened the fate of that patient was sealed and the church was his only salvation. Still the surgeons of that day were most skilled operators as they had learned their business in pre-anesthetic times, and it was a common thing to see an amputation of the leg or thigh done in sixty seconds and a complete lateral lithotomy under two minutes. I remember Sir William Ferguson of King's College Hospital, London, operating in a dress suit with much expanse of shirt front and cuffs and being so clean an operator that he prided himself on never getting a drop of blood on his white shirt. Most operators used an old frock coat which was never cleaned and so was soaked in the gore of many victims. Some washed their hands, others did not, the field of operation was rarely cleansed except the wound caused by injury was full of dirt. All compound fractures of the leg were amputated at once so as to avoid certain death from sepsis, the only exception was when the bone had made a punctured wound, the wound would be closed by congealed blood and healed in that way under clot.

In my last year of studentship Professor Wm. Fraser, who had spent the summer in Scotland, introduced Lister's method of opening abscesses under lint soaked in carbolic oil. At this time there was no such thing as trained nursing, any old person was employed who thought they had a gift that way, and did their best; many of them imbibed, for at that time every patient was given an allowance of beer, whiskey, or port wine daily and the night nurses especially were seldom sober. I remember in the seventies paying a visit to a patient in the hospital on whom I had that morning operated for strangulated hernia. I could not find the nurse at all (she supervised three flats), but my patient I found sitting out on the verandah in his night shirt smoking a pipe and all the obstreperous or delirious patients strapped to their beds. It was a cool evening in the autumn and my patient died of pneumonia some days afterwards.