

In the application of asepsis the demand of to-day is not half-heartedness, but systematic detail. Having followed this out in all its minuteness you may have no hesitation, indeed it is your first duty, provided the general condition of the patient will permit of it, to determine with exactness the extent of the injury, the extent of the comminution, the course and condition of the fractures, the complications arising from injuries to the soft parts, nerves, and vessels, and whether protruded muscle or other substance has been forced between fractured surfaces. Having now no dread of large incisions, enlarge wounds if necessary to insure better inspection and for determining the best procedure. The effort to convert a compound injury into a simple by refraining from proper inspection is now considered faulty and leads to error, while complete inspection conveys the fullest knowledge and leads naturally to the employment of the latest mechanical treatment.

Every surgeon should have a well arranged emergency bag, packed ready to be taken in hand at a moment's notice. It will well repay the small expense and trouble. A good stout bag, sixteen inches long, with a stout strap sewed to each side of the interior of the bag, so as to form loops for the necessary bottles, will be amply sufficient. Into it put half pound tin of ether, two ounces chloroform, four ounces carbolic acid, sterilized catgut and silk thread on reels and packed in bottles, drainage tubes, bottle smallsponges, corrosive sublimate tablets, iodiform duster, large scissors, tongue forceps, nail brush, razor, fountain syringe, a few reliable surgical dressings, a few carefully selected surgical instruments rolled up in a white linen pouch, rubber bandage, three or four towels, two small tin or agateware basins. The bag rests in a nest of two oblong tin pans, which, together with a mackintosh on the side, are held in place with two straps.

The magnificent results brought about by careful antiseptic treatment, case upon case of which might be quoted, leads us far on, on that grandest of surgical paths, *conservative surgery*. In glancing over the province of surgery it is difficult to find a surgeon who cannot point to at least one case that has come under his observation in which the prerogative of amputation had been abused. Once off, a hand, an arm, or a leg is soon buried in the waters of Lethe. They tell no tales, the point is settled; there is no room for argumentation, no opportunity for disputation. Many amputations are hastily made. A compound comminuted fracture, with muscles and deep-seated tissues badly lacerated, presents itself; amputation is the one idea that the surgeon's intellect grasps from the scene before him; and it seems true that this predominant and unyielding idea prevents him from weighing