

demands of the theory are met, the means cannot be too simple.

The next year I fortunately received a clinical clerkship. This brought increased responsibility,—the selecting of instruments and dressings for operations, administration of chloroform, and taking the notes of cases. Lister had three clerks and 54 beds, so it was no light task. At this time surgeons from the Continent, especially Germans and Danes, followed the daily ward visit, and Lister, painstaking to a degree, explained over and over again the theory and the minutiae of the dressings. His own countrymen, and those on the staff of his own hospital, were infrequent visitors. In the Royal Infirmary at that time the old practice and the new by Lister were both in operation. It was easy to see both, to compare the results; but slowly, sometimes it seemed very slowly, the new gained more and more confidence in men's minds.

The student body was divided into two camps—those who followed Lister and those who believed him not. I remember a dresser of Spence's, the Professor of Surgery, about this time had effusion into the knee joint. Tapping was considered advisable. At once he became very solicitous that this should be done under rigid antiseptic precautions. It was, and with a happy result and a very rapid conversion of mind.

I have said that the surgeons of the Infirmary were not frequent visitors in Lister's wards. This is correct; but at least three of them were thorough believers in antiseptic surgery. Mr. Annandale, who succeeded Lister in the chair, was always a warm friend and upholder of Lister and his work. I acted in my first year as his dresser and once in later years as his house surgeon for a short period. Excellent surgeon that Annandale was, he never in my time seemed to grasp the necessity of complete attention to details which antiseptic surgery required. I suppose it was the old story—the difficulty of an old dog acquiring new tricks. Joseph Bell was then senior assistant surgeon and later came on as a full surgeon. He had, I think, the same difficulties as Annandale in adapting himself to the altered needs of surgical work.

John Chiene, afterwards Professor of Surgery, was always a whole-hearted and enthusiastic follower of Lister. Careful, thorough, he was a complete master of all detail and demands of antiseptic surgery. In Lister's absence during vacation, Chiene took charge of his wards. He was then the junior assistant surgeon. I had known him as the capable demonstrator of anatomy. I now found him the careful surgeon, an excellent teacher and very considerate of those under him. For many years Professor of