

In addition to these causes, which are matters of life and death, there are other minor accidents, such as mural abscesses, ventral hernia and wounds of the bladder, which, while not dangerous to life, yet destroy more or less the success of the operation.

*The Avoidance of Sepsis or Peritonitis.*—Provided that absolute surgical cleanliness can be obtained in everything pertaining to the patient, the operator and his instruments, including ligatures and sutures, we have little or nothing to fear from sepsis. It is a mistake to think that a costly operating room is absolutely essential. I have frequently successfully performed coliotomy in the homes of the very poor, situated in the most unsanitary district of Montreal, while many of my most difficult operations have been performed in a small operating room at the Women's Hospital, where other operations are performed, including the curetting of foul puerperal fever cases, and yet case after case has made an uninterrupted recovery without evincing the slightest sign of sepsis. On several occasions my assistant has been a general practitioner in active practice, who was at the time attending cases of diphtheria and scarlet fever, while there have nearly always been present as spectators many general practitioners and students. Provided that the rule be strictly observed that no one be allowed to touch anything used during the operation, except those whose hands have been properly prepared, I would care very little whether or not the visitors had been attending puerperal fever or diphtheria just before coming to the operation. So that we may safely say that much of the elaborate preparation of visitors carried out at the German clinics, such as putting on hospital suits or removing their collars and neckties and spraying them with carbolized steam is quite unnecessary, provided that the visitors can be placed where it will be impossible for them to get at or touch anything to be used during the operation; no other precautions regarding them are necessary, but this precaution is an absolute necessity. It is an axiom of mechanics that no piece of machinery is stronger than its weakest part, and all the elaborate attention to the details of asepsis are of no avail if one visitor who is not aseptic can get a chance to infect our instruments or sponges. I can hardly count the number of times I have seen a visitor try to pick up a knife or forceps or sponge that has fallen on the ground, and replace it on the tray or dish; and once I saw the practitioner who had sent the case to a leading New York operator, who was performing a difficult abdominal operation under the most elaborate aseptic precautions, walk in during the operation, and without even washing his hands, suddenly attempt to assist the operator by holding in the intestines. At other times they will slip in before the operator and handle the carefully sterilized ligatures or sponges. The notices seen in many hospitals, warning visitors not to touch anything, are a good precaution, but it is not sufficient. It would be better to rail