

I fear I have wandered somewhat from my subject but I hope I have not been tedious. It is interesting to one like myself, who has watched the various changes in the practice of Medicine and Surgery brought about by the wonderful discoveries of the last twenty-five years, to observe in what a matter of fact way you accept the existing conditions, such as asepsis, anæsthesia, arrest of hæmorrhage, the knowledge of the various causes of septic infection, the action of antitoxins, etc., as if this knowledge had always existed, and look upon such things, not as great discoveries or novelties, but much in the way the laity regard the telephone and telegraph, and the electric light and steam engine. To one who has lived before these things it seems very marvellous. Why, when I was a student, it was a rare thing to see a patient recover after an amputation of the leg, rare to see recovery after compound fracture of the leg, unless the leg was quickly amputated, a rare thing to see a recovery after an operation for empyema, and then this operation consisted of the introduction of a trocar, rare to see a recovery after operation for strangulated hernia. Intentional opening of the abdomen was never even suggested except for the occasional operation on an ovarian tumour and then the patient nearly always died. Abdominal surgery was called by the great Ferguson, abominable surgery. Secondary hæmorrhage was common, because ligatures were never cut short but the ends were left hanging out of the wound and after a few days pulled at each visit of the surgeon to see if they would come away, and when they did very often a gush of blood came too and the wound had to be reopened and the artery secured for a second time. It was looked upon as a very serious matter if a vein was accidentally wounded; its closure was attempted by plugging the wound with muscle or fat, but pressure was what was most relied upon; a ligature was never placed upon a vein, this would have been looked upon as murder. The cause of pyæmia was not known and it was confounded with rheumatism. We spoke of "laudable" pus and expected to see it in every wound. Healing by first intention was looked upon as a miracle. We knew nothing then of germs or sepsis or antisepsis, but operated with dirty instruments and septic hands on septic parts and wore, as a rule, coats which had for years been baptized with the blood of the surgeon's victims. Some operations performed with celerity were very successful, such as removal of tumours in the neck, and of stone from the bladder. Our operations, in those days, consisted chiefly in the amputation of limbs and the ligation of arteries. Very little other operative work was done. Excision of joints was just coming in when I commenced to study, the late Professor Fenwick being the pioneer of that work on this continent. Cancers of the breast and other parts were not operated on until they were so evident that any one could tell what they were, and operative procedures, undertaken then, were