

There have been a series of successive triumphs in attacking wounds of the main organ of our circulation, the heart, the pericardium being bodily opened and that vital organ sutured. End to end anastomosis of the popliteal, brachial and femoral arteries has been successfully executed, and the management of wounds of the large veins easily carried out. The surgery of the lungs offers a field for future mark, and what has been already accomplished, although not of the most satisfactory character, is encouraging. Visceral pleurectomy or decortication of the lung for chronic empyema is the last practicable procedure to be recommended, after drainage, re-section of ribs, and thoracoplasty have failed to effect a cure. This operation, to my own observation, has saved several lives.

Since I entered upon the study of medicine, twenty-six years ago a retrospect of the advances in surgery would be simply bewildering. My vivid recollections of septic gangrene, sloughing phagedæna, flaming erysipelas, pyemia and septicemia are still clear, and this, too, was at a time when antisepsis had gained considerable acceptance.

I shall never forget the first operation of a major character I witnessed. It was amputation near the hip joint, and the patient practically died on the table. The scene is now before me. The crowded amphitheatre; the active arena; the mist of carbolic acid spray, half obscuring the patient, operator, assistants, nurses and honored guests; the smell of ether; the outstretched sleeping patient; the glittering instruments in 1 in 20 carbolic; the new white gown on the surgeon, now introduced for the first time; the winding of an elastic cord about the hip and body of the patient; the long amputating knife, twice traversing the limb obliquely; the hot room and pale freshmen; the profuse bleeding and quivering flesh; some of the boys walking out, perspiring freely; the severance of the bone, by a live electro-cautery wire, then being on trial, and the long time it took; the cold shivers; the clamping of arteries and veins; the twisting of the femoral artery eight times between two forceps, and torsion of other vessels; the sea sponges soaked in hot water and, with a forceps, placed between the flaps for a few minutes, controlling capillary oozing; the boys yet pale, collars wilted and handkerchiefs soaked; then the active spray apparatus giving out, and then a clearer view of blood-stained men, women and things generally; more boys walking out; the sewing of the stump with silk, rubber tube inserted and dressed with twelve layers of carbolated gauze; the operation completed; seeing stars; the patient's last breaths—death rattles; and finally came the announcement from the surgeon: "There will be no more operations this day,"—a great relief to all.