

tions, and quite a large number of operations. There was, moreover, a special laboratory course, and a course of operative work on the cadaver for those who wished to take these.

There were probably about seventy-five who took this course. Most of them from the Western and Southwestern States. There were two other Canadians besides myself. The large number of students made attendance at some of the operations rather uncomfortable, but to offset this there was the formation of a class spirit which reminded one somewhat of old student days, and helped to make the time pass pleasantly. A feature of this course, which I believe is quite a regular part of it, was the entertainment of the class at dinner by the members of the faculty. When the special course was over, I spent a little over two weeks longer in seeing what I could in the other teaching institutions and hospitals, making the Polyclinic, at the same time, my headquarters on the invitation of the business manager, Mr. Mills, who is an old resident of St. Mary's. I must confess that when I left home I was somewhat doubtful about the wisdom of travelling West in search of knowledge, but in looking back I am more than satisfied with the returns I got for the time and money spent. I think it would repay almost every general practitioner to occasionally spend a holiday in this way.

It is needless for me to speak of the clinical methods and operations which have been introduced since some of us graduated. Many of these operations and procedures, to read about them, appear very mysterious and wonderful, but when we have an opportunity to see them the mystery and strangeness largely disappears and we come home. Although we may not feel like trying to do all that we have seen done by others, we feel in a better position to advise our patients as to whether or not they should submit to these measures. Advanced age in itself should be no bar to the enjoyment of such a course. Some of the most interested members of this class were white-haired veterans, who must have been well on the other side of three-score years. No doubt some of them would be skeptical about the utility of all the elaborate details of aseptic and antiseptic ritual, but I think they would come to the conclusion that on the whole some real progress is being made.

I shall not attempt to give a full account of the methods adopted to prevent septic contamination of the operation wounds. In disinfecting the hands and field of operation, the routine most often employed was (1) thorough washing with green soap and water, (2) washing with alcohol, and (3) the use of a solution of HgCl_2 . I did not see the permanganate of potassium and oxalic acid method employed, and I smelt very little carbolic acid. Quite a few used gauze coverings for the mouth and chin, as well as for the head. No uniformity prevailed regarding the use of gloves. Some