

surgeon is almost tedious in his attention to minutiae before, during and after his operations. He is the only man who confines himself strictly to operative surgery, and, in a city where every general practitioner believes himself a surgeon, he does not receive much support from the profession in general. He is the most scholarly surgeon in the city and is both classical and didactic in his work. He believes in the most thorough preparation of the patient for weeks if possible, and is most painstaking to avoid shock. His patients are kept on the table often twice as long as the average case, but are taken to the room almost invariably in good condition. In closing his wounds he will use two or three continuous catgut sutures, and finally silver wire subcutaneously, procuring the least possible scar. The majority of surgeons in closing an abdominal wound of three inches will only use half a dozen interrupted through and through silk-gut sutures.

The surgeon who does the most and best work in the city still clings to his general practice, but his inability to work thirty-six hours in every twenty-four will soon compel him to confine himself wholly to surgery. Possibly his best work is in vaginal hysterectomies. After the anterior and posterior dissections have been made and the uterine arteries have been ligated he usually bisects the uterus. It enables him to work easier and quicker. He never uses the angiotribe, seldom leaves the clamps in position, use heavy catgut ligatures, little or no drainage, and the opening is generally closed. The operation seldom takes over thirty minutes. In appendicitis he advocates operation in the first twenty-four hours, and he makes an inch and a half incision.

The cases of which the general practitioner will see the most are tuberculosis, typhoid, rheumatism, epidemic pneumonia, diphtheria, scarlet fever, small-pox, and all varieties of gynæcological and genito-urinary work.

In typhoid, cold tub baths and spongings, with a nourishing liquid diet, by no means confined to milk, is routine treatment. Hemorrhages are frequent, but stimulants and saline infusion are successfully employed. The surgeons believe in immediate operation upon the first signs of perforation. Epidemics of diphtheria are frequent—