

insists on perfect silence during its administration. This is managed by Dr. Annie Clarke, his only paid assistant. All operations are done in the room the patient is to occupy. The table consists of a board eighteen or twenty inches wide, and about five feet long, which rests on two trestles. The head of the table is about three inches higher than the foot. In this, as in every appointment of his hospital and detail of his operations, simplicity is the most striking feature. So far as I know, no conditions are exacted of spectators invited to be present at operations. Both arms and legs of the patient are strapped to the table. Mr. Tait stands on the right of the patient, and his assistant on the left. At his right hand is a small table with the most necessary instruments immersed in plain water. Absolutely no antiseptic is used for any purpose whatever. I never saw or smelt either carbolic acid or sublimate, or any other solution of the kind during the five weeks I spent with him. Two basins of warm water rest on chairs, one at either hand of the operator. That on the right is for the sponges; that on the left to rinse the hands when necessary. A calico bag containing the carefully-prepared sponges hangs within easy reach of the right hand. Mr. Tait prepares for the operation by taking off his coat, putting on a rubber apron, and washing his hands and arms with terebene soap, without a nail-brush, which I never saw at any of his operations. Everything being ready, he takes half-a-dozen sponges from the bag and drops them in the basin for the purpose. He then takes up a case of scalpels which rests on the window and selects one, trying it on his thumb. The knives Mr. Tait uses are small ones, seldom more than an inch in length. The incision is then made, and one of the most remarkable things about his methods is the incredibly short incisions through which he does his many remarkable feats of operating. For removing the appendages, even if densely adherent, 1 inch to $1\frac{1}{2}$ is the rule, and that applies to the cut in the superficial tissues. The peritoneum is incised only to an extent permitting his left index to enter; after this is crowded in the middle finger, with which the ovary and tube are separated from adhesions if necessary, grasped, and fished out through the abdominal incision to be ligatured. Such an operation, even when there are adhesions, is usually complete, includ-