

very original, a bold operator, but not so careful as Martin. He is very affable and ready to explain every thing you ask of him.

Berlin offers equal advantages to the student of general surgery. Hahn, the surgical director of the Berlin city hospital, situated in the centre of the *Friedrichshaim* park, where he has nearly 400 beds under his immediate care, begins to operate every day, Sundays included, at 10 a.m., and generally keeps on until 2 or 3 o'clock p.m. In order to save time two patients are being chloroformed outside while two are being operated on, the assistants tying the arteries and applying the dressings while Hahn goes on with the next operation. Thus, the morning that I casually dropped in there, he opened the stomach on account of stricture, he performed tracheotomy, an excision of the shoulder and another of the knee; amputated an arm, and removed a dead tibia, besides performing a number of minor though difficult operations. Chloroform was the only anæsthetic used, and the usual inhaler was a light wire frame covered with flannel. While I was inquiring whether they ever had deaths on the table, and the assistant was telling me that he had never seen a death but several narrow escapes, the patient who was having her stomach opened suddenly ceased to breathe and nearly a minute elapsed before it was noticed by the operator. But in less time than it takes me to describe it, he had the electrical faradic machinery going and the tongue drawn out. For two or three minutes the current seemed to have no other effect than to cause diabolical contortions of the muscles and features of the apparently lifeless woman; as soon as he removed the poles the artificial respiration ceased. He persevered, however, until at last she drew a breath of her own accord, when Hahn threw down the electrodes, picked up his needle-holder and went on with the delicate work of sewing the stomach to the abdominal parietes as though nothing had occurred. The stomach was so contracted from want of use that it could not be drawn down below the ribs or cartilages but had to be brought out between the 9th and 10th ribs. I have already said that the hospital is situated in a park, but I omitted to mention that it is built on the pavillion system, there being about sixteen separate buildings, all separate, the only connection between them being a smooth stone tramway, on which the rubber wheeled waggons for hauling the beds to the operating building, and the food from the kitchen pavillion to the wards. What strikes

one most are the splendid arrangements for cleanliness; thus the floor of the operating room is tiled, with a slope to the centre, so that after every bloody operation a hose is turned on and the floor washed clean in a minute. All the shelves are made of plate glass and iron; and rubber tubes of different colors bring the disinfecting solutions from barrels on the wall right over to the operating tables in the centre of the room.

In the afternoon you can go to Bergman's clinic in the Ziegel Strasse where they "run" three or four, and I have been told as many as eight tables, simultaneously; I can believe it as the material is enormous.

But to return to my Gynæcology. I spoke above of the prolapsus operation as the usual treatment now for prolapsus. Martin does not waste much time on these cases. As the os is generally hypertrophied, the bladder and rectum prolapsed, and the uterus down, he treats nearly all these cases simply by an operation which may be divided into 4 stages: 1st, amputation of the cervix uteri; 2nd, colporrhaphy anterior or removing a piece of surplus mucous membrane from the vagina covering the bladder, and sewing the wound together; 3rd, posterior colporrhaphy making the posterior vaginal wall smaller in the same way, and, finally, 4th, sewing up the torn perineum. By this means even an old woman with a vagina big enough to pass your fist into, comes off the table with one into which you can barely introduce your first finger. All these plastic operations are performed under continual irrigation which completely does away with the need of sponges, the liquid used being generally one in five thousand of sublimate. Instruments are kept during the operations in a solution of carbolic one in fifty. In the abdominal cavity filtered water which has been boiled is generally employed. I did not once see wire of any kind employed; catgut being the favorite ligature. It is prepared by immersion for five days in *Ol. Juniperi Baccharum* and then preserved in absolute alcohol. Silk ligatures are usually employed for tying pedicles and vessels; they are sometimes prepared by soaking in an ethereal tincture of iodoform; or else in a sublimate solution. When they wish to make the catgut resist absorption longer than three or four days, they soak it in a solution of chromic acid which hardens it. Sponges when needed at all are replaced by rolls of absorbent cotton covered with sublimate gauze, and which are destroyed after