

asphyxia on the operating table. However, as Nussbaum says, all the deaths which occur during the administration of chloroform or ether are not due to these drugs, for even before the days of anæsthetics sudden death occurred before and during operation. Dupuytren records no less than nine such cases where death occurred before the operation was commenced. One case, a boy with stone in the bladder, was on the operating table, and before commencing Dupuytren marked the perinæum with his finger-nail to show the students the line of incision; while doing this the boy died. We hear occasionally of sudden death following the simple operation of catheterism.

Among the accidents which may follow operation or other traumatism we have tetanus, traumatic delirium, mania, delirium tremens, fat embolism, septicæmia, pyæmia, etc.

These are misfortunes which are not easily prevented and which often prove fatal. The most unfortunate accident of surgery is a death from hemorrhage; children under three months stand operations badly, and a comparatively small amount of hemorrhage may prove fatal. Deaths have occurred from the bleeding after the operation of hairlip or the opening of an abscess. In adults it was formerly thought to be a fatal accident if the jugular or crural veins were wounded. Now, injury of these vessels is no longer dreaded, and they are tied as successfully as arteries. Nussbaum says the best known instrument to arrest hemorrhage is the operator's own finger; it is soft, elastic and impermeable to moisture, it can be easily disinfected, and is the surest means when the exact spot of the hemorrhage cannot be immediately determined; in hemorrhage due to gangrene of the vessels no other method is as good. Sepsis is the greatest misfortune of surgery, and is usually a preventable one. When speaking of fractures, Prof. Nussbaum sagely remarks that the treatment of no affection brings the doctor so many stripes and so little credit as that of fractures; still he contends that only by gross carelessness in the treatment will gangrene supervene in the great majority of cases.

Amputations also may result in many misfortunes. The flaps may be too short and a scar, which is a life-long trouble to the patient, be left over the bone. He relates the case of an individual who came to a klinik for the purpose of hav-