descriptions of wonderful performances, operations, etc., and even cuts of corners of consulting rooms, are dished up by the ubiquitous reporter, who seems to know all about it, in a way that would do credit to a cross-roads journal from a back township or school section. Any one of us may be unfortunate enough to be thus paraded at some time during our professional career, and he who unconsciously meets with such this fortune deserves the sympathy of his colleagues. During my recent visit to England and Germany, I took some trouble to find out about the condition of some of the hospital charity patients, and found that, at least in some hospitals, little care was taken to ascertain whether the applicant for relief was a pauper or not. In one instance I saw the wife of a sea-captain, who could well afford to pay for the services of an expert, accept as a pauper in a public ward the time and energy of an able surgeon. I noticed in passing that the time consumed was quite two hours at the operation alone. Doubtless there are many such cases in the larger cities, and though remedies have been proposed, none can succeed without the co-operation of the medical staff and the hospital authorities. The great number of cases for operation in the hospitals of the Old World seems to have had different effects upon different operators, making some more careful and neat, while others grow careless and slovenly. I saw every variety of method of closing the abdominal incision in celiotomies, and was most struck by that adopted as a rule by Cullingworth, who does not take much trouble with the peritoneum, but closes the muscles and fascia by buried catgut, continuous suture, using silk-work gut for the entire walls. He claims that with the fascia and muscles in apposition there is little danger of hernia, and when we think of the considerable number of cases of rupture after operation, we will not consider any trouble too great if it will ensure a perfect closure of the wound. In Berlin, I was struck with the amount of silk used in tying a pedicle, and the rapid way in which they got over the washing out of the pelvis after rupturing a pus sac.

I think that undoubtedly the best work is done in London, where some, at least, of the operators are as careful, clean and rapid in their methods as one could wish for. The courtesy received at the hospitals was far in excess of anything which one could anticipate, and of such a nature as to make one feel thoroughly at home.

To return to ourselves. There is something in the clear skies and pure air of our northern country which puts life, energy and ambition into each and every one. In our intercourse with the public and our colleagues, let us always feel that we must remember others. Those of us who have been a long time in practice are often consulted by

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