

lecture by Sir James Paget: "When I have seen Sir Wm. Ferguson operate I have not known which to admire most, the perfect skill of hand with which everything was done or the perfect way in which every step of the operation had been thought out and provided for." Work like this is ideal. The other kind is still too common. Dr. Schultz, in Manitoba in the early days, put up fractures in bark splints padded with moss and secured by buckskin thongs. He acquired merit by doing it in that way and at that time. We all appreciate the value of resourcefulness such as he exhibited, but the foresight which provides at its best whatever may contribute to the recovery of an injured person is more to be commended than any skill in extemporizing makeshifts. My honored teacher, Frank H. Hamilton, warned me not to learn how to put up fractures in outdoor climes where the work, at that time, was done in haste, cheaply and roughly. The advice would have less force to-day, but still the need for speed and for economy may militate against the employment of means which the surgeon himself considers to be the most efficient. Having given to the teaching of surgical technique more time and attention probably than any of my colleagues, I feel the more free to point out seeming defects as well as possible means for that correction. Our students and recent graduates go to London or Edinburgh, to New York, Baltimore, Chicago or Rochester, Minn., to watch operations and to learn the methods by which leading surgeons attain success. Now the percentage of success is as great here as anywhere else, and yet the students do not largely attend operations. They claim that to do so is a waste of time. Given a range of thirty feet and one appendix removal looks like any other one. What wonder then that a series becomes monotonous? The remedy appears to be in making students practically familiar with what is undertaken and giving them a chance to follow the details of operation work. This will hold their attention and they will come to appreciate the ever-changing problems which lie at the point of the scalpel.

I am glad to tell you that, after consultation, those in authority have thought it best to approve of a large clinic room in the Emergency Hospital being set apart for surgical demonstration and fitted up with a lantern and whatever else may be found of advantage. With such facilities it ought to be possible to prevent any candidate for a degree making, as one did recently, a mistake in the sex of a catheter, not to mention errors of a graver nature. One other line of projected usefulness remains for a moment's consideration. Toronto operators have done and are doing most creditable surgery. Their methods and their results have not been pre-