

With the unlimited facilities for receiving a proper preliminary training in the Country, the man who fails to improve his opportunities has no business in practice. The requisites of a successful operation are :

- (1.) A knowledge of what should be done and how to do it.
- (2.) A thorough grasp of the importance of keeping the wound aseptic.
- (3.) Careful attention to, after treatment.

Assuming that the Country Practitioner has the first requisites, can he reasonably undertake to keep the wound free from infection and conduct the after treatment? I venture to assert that so far as anti-sepsis is concerned, the answer is in the affirmative in all cases; but the most serious drawback is probably the want of skilled nursing. This must occasionally prevent an operation being done from choice: it will at all times entail extra attention and anxiety on the part of the operator, but in most of the cases falling to our lot can be overcome.

In an admirable work on the treatment of wounds, Watson Cheyne says:—"Suppuration occurring in a wound made by a surgeon through unbroken skin is due to some oversight on his part." A statement as little open to contradiction as if he had said "Small-pox occurring in a patient is due to exposure to the contagion of the disease," and yet while subscribing to the doctrine he formulates, I still hold that in our every day work we may act up to the strict letter of the laws of anti-septic and aseptic surgery and get healing without pus or high temperature. This statement is based on a series of cases occurring largely as emergencies, in which, with most unsanitary surroundings and limited space, it was possible to deal successfully and in a perfectly aseptic manner with the peritoneal cavity, joint cavities, compound fractures of upper and lower extremities: dilatation and curettage of uterus removal of glands from neck, &c.

I must confess that one witnessing an operation in some of the leading hospitals would despair of ever being able to carry out the details which are there so thoroughly observed. Details, which in many cases border on the ludicrous are carried out with most scrupulous care, and after cleansings and purifications the operator enters upon his work with only sufficient clothing to avoid the charge of indecency. The object of such operators is noble; the self-sacrificing spirit most commendable, but their methods cannot be proved necessary by bacteriological study, and are only applicable where a number of trained assistants are at command. When Sir Joseph Lister began to teach that pus was not "laudable," that inflammation and suppuration in a wound could and