GENERAL CONSIDERATIONS

INTRODUCTION

Compared with that of former times, the practice of operations on the cadaver has become a less important factor in the education of the surgeon in operative technique. Such practice must be supplemented by a thorough knowledge of operations on the living subject. But even that is not invariably sufficient, as a practitioner during an operation cannot satisfactorily discuss all the features of a case and the sometimes intricate details of the technique in an ordinary or even difficult emergency.

This want can be supplied by text-books. A text-book on operative surgery should include all that can be gathered from practice on the cadaver, and all that can be observed during operation on the living subject. It should, in addition, discuss the indications which point to the necessity of this or that operation, decide the choice of method, and, finally, explain the conditions which tend to secure a good result from operative interference.

We do not altogether share the opinion that operative training on the cadaver can be neglected by the clinical surgeon and relegated to a tutor with but little experience in operating. The performance of operations on the cadaver affords an excellent method of revising topographical anatomy, and is specially valuable to the student when supervised by an operator who is also an experienced clinician.

Some anatomists deserve the credit of having lost no opportunity of inculcating surgical anatomy in their text-books; but one feels that the pure anatomist may go too far in this direction and attempt to take up points which can only be dealt with by one possessing a practical experience of surgery. The interest of anatomists in surgical matters would meet with greater appreciation if they would enter into anatomical detail more fully than has hitherto been the practice.

Surgeons nowadays require a more accurate description of the course of the vessels and nerves than is contained in the majority of anatomical handbooks. At the present time we are called upon to do more than simply expose an artery at the seat of election for the purpose of ligaturing it. The veins, too, have to be ligatured, sutured, or excised. It is necessary also to possess an accurate knowledge of the course of even the smaller nerves, of the layers in which they lie, and of the regions in which they are distributed, as it is by injection into the nerves that local anæsthesia (conduction) is obtained.

The position, relations, and attachments of the organs are far too superficially studied by anatomists for us to content ourselves with descriptions from that source. It is, for example, still an undecided question how the normal kidney is held in position. This is surely a subject of inquiry for anatomy to decide first of all.

The surgeon must fall back on his own resources in determining the incisions which will produce least harm in opening into joints or in exposing some deeply-situated structure. Anatomical text-books give us little or no help in this matter, a manifest reason why there is still such a multiplicity of methods in use, all of them aiming at the same object. There is surely only one method that can be the best, namely, that founded on anatomical and physiological grounds. In this