

est enemies in both normal and abnormal condition was cold, and I think it is very important to keep the patient warm. I dare say Dr. Smith does too, but it did not appear so from his remarks. As a patient I feel very keenly upon some points upon which Dr. Smith has touched, for example the question of drinking water. Dr. Smith will remember how patients used to be starved for water, but nobody knows what this experience is until he has gone through it. Again, there is the question of anæsthetics. I had an experience which really supports what Dr. Smith has said about the quantity of anæsthetic. This misfortune was not due to any defect on the part of the anæsthetist, who was a very admirable man. I had this anæsthetic in my ordinary ward room because it was thought that the operation would be a very trivial one though it really lasted nearly an hour. Now, all this time I had been breathing the anæsthetic, and as I was left in that same room which was not properly cleared of the anæsthetic I was receiving it all day long more or less and with disagreeable results. With regard to the nurse, Dr. Smith has hinted at the psychological principles which underlie experience—that one does not have to speak when a thing is wanted, that such wants are anticipated and that it is best to have the same person. But I do not think I would like, as a general rule, to have the ordinary person about one for such a long period, say, as Dr. Mayo had his nurse assistant. My experience has been that the older nurses are not the best, and I think the success of some of the younger nurses is due to their high ideals as evidenced by the thoroughness with which they act, the anxiety they displayed if everything does not go well and their close attention to the smallest details.

GRANT STEWART, M.D. I think we have to thank Dr. Smith for this very excellent, concise and yet full account of the advances of surgery in the past 25 years. We cannot all go back 25 years, but some a good part of it, and we can quite corroborate what Dr. Smith has said. We all have seen Dr. Smith operate and we know what a dextrous operator he is, and he is thoroughly competent to speak on this subject. One point he mentioned, about waiting for symptoms, reminded me of a case of a young lady tobogganing on Fletcher's Field between 5 and 6 o'clock a few weeks ago. She felt some pain over the epigastric region and came home. About 7 o'clock she had a most severe epigastric pain, and I saw her then; pulse 100; there was vomiting; no pain over the appendix or lower abdomen, but the whole abdomen felt like a board. I had one of the surgeons see her and he made an incision over the region of the stomach and examined it very carefully but could find no perforation. While he was doing this we noticed the appearance of