

A surgeon cannot guarantee the satisfactory progress of his patient after an operation unless it be done in a place where he can make all his own arrangements, where he can thoroughly depend on his staff, and where he has entire control of all details, such as the previous treatment of the patient, the preparation of ligatures and sutures, of bandages, of instruments, and of everything which comes in contact with the wound; and lastly, he must be sure of the cleanliness of the assistants' hands.

How often does the doctor write to say that he has prepared everything most punctiliously and that there is no necessity to bring instruments, ligatures, sutures, or bandages. Accordingly, the trusting surgeon arrives and finds that some very necessary instruments are wanting, that there are no drainage tubes, and that the well-sterilised dressings have been handled in such a way that they are no longer sterile.

It has frequently been my lot to see doctors disinfect their hands before an operation almost to the extent of injuring their skin, while the theatre-nurse, after disinfecting her hands, quietly helps the patient to take off his dirty clothes and to place him properly on the operating table. She often wears a regulation dress which quite prohibits a purification in the surgical sense of the word, and when the well-sterilised thread is handed to her, she lets it trail over all manner of towels and articles of clothing.

The surgeon can only guarantee a successful issue in its full sense, *i.e.* aseptic healing, when the patient is brought to his own hospital where he has thorough confidence in the staff and the appliances, and, moreover, where he has authority.

Many times I have bitterly repented having embarked upon a serious operation under conditions over which I had no control, in consequence of having undertaken a distant journey to the patient because his doctors and relations could not make up their minds to let him be moved. If the patient cannot be moved, the surgeon should be allowed to bring his own staff and appliances. I cannot admire those itinerant surgeons who place themselves at the service of general practitioners and offer to operate on their patients on the spot.

3. I have already shown that it is absurd to call in the surgeon when a patient has become moribund, according to the custom expressed in the well-known words of the physician—"The patient is lost at any rate, now we can hand him over to the surgical clinique." And it is equally unwarrantable to call in the surgeon to perform merely secondary operations.

A small carcinoma of the skin will often be excised, perhaps even a small recurrent nodule removed, but directly the growth has spread and deepened the case is thrust upon the hospital surgeon. Or a primary