from any serious disturbance,and the result will be that you will have no more pus. Open the abscess antiseptically; employ efficient antiseptic dressing, and at the same time provide for the escape of serous effusion, and the suppuration ceases from that time forward.

THE OPERATION.

The apparatus by which the carbolic spray is generated has been already described, so that it is not worth while to go into details. The few general principles which Prof. Lister laid down were of much importance, viz., that it was necessary, to the proper application of the antiseptic method, that the spray should be thrown out in large volume, extensive enough to envelop completely the hands of the operator, the instruments, and the site of the operation; and if at any time he was compelled to move his hand out of the spray to take up a new instrument, he should dip his hands in the basin of carbolized water (aq. 20, acid carbol. 1) before using it, otherwise that neglect might be the means of introducing these minute organisms into the wound; that the skin over the point of operation should be very carefully shaved, so as to leave no parts unexposed to the action of the carbolized water which was to be applied to the integument for the destruction of any of these organisms which might exist upon it; that any neglect of the total destruction of all the organisms would be fatal to a properly considered antiseptic method of treatment.

The abscess in the patient's groin being opened in the usual manner at the most dependant point by a free incision, the Professor remarked that, as it was necessary to establish a drain, he was in the habit of using the india-rubber drainage tube of Chassaignac; that an important point in the application of this tube is that it should not be left projecting outside the wound, but should be flush with the surface; and that to keep the tube from being pushed into the wound, two small threads were fastened on either side of it; and that, as in the present instance the tube was placed in an oblique position, it was necessary to cut the end of the tube in an oblique manner so as to be made flush with the surface.

The abscess, when opened, discharged a large amount of grumous, offensive pus, which was carefully sponged away with carbolized water. Happening to pick up a sponge that had been dipped into the basin containing the chocolate-colored mixture of pus and carbolized water he used it also, and remarked—in answer to some one who objected, that the sponge was foul with pus—that this was perfectly true, but that the sponge was *antiseptically clean*, and was, moreover, vastly cleaner for surgical purposes than the majority of sponges obtainable in the shops, because it had been dipped in the antiseptic fluid. Having emptied the abscess and put in the drainage tube, he applied the antiseptic dressing which consisted, first, of several layers of carbolized gause,to act as a compress; then of a large layer, about sixteen inches square; next a piece of oiled silk, and finally of several more layers of gause, the whole being confined to the limb with elastic bands, so as to keep out the air.

One of the windows of the amphitheatre happened to be open, and a current of air deflected the cloud of spray from the wound. Professor Lister at once called attention to this as an important point to be observed. The window must be shut, otherwise the spray would be diverted from the wound, allowing the access of the organisms against which the spray was intended to provide.

His minute attention to all such details made this lecture of unusual interest and importance.

GOURAUD ON THE ACTION OF CLIMATES ON THE TREATMENT OF PULMONARY PHTHISIS.

In a second note on the action of different climates on the treatment of pulmonary phthisis (*L'Union Médicale*) Dr. H. Gouraud says:

If we merely desired to discover the places on the face of the earth where phthisis is absent or rare, the task would be comparatively simple. They are to be found from the stations of Southern France and of Italy, even to Norway, the Faroe Islands, and Iceland; from mild humid insular stations to the steppes of the Kirgoi with their eminently dry climate.

Norway, Iceland, and the Faroe Islands have cold humid climates, and yet appear to enjoy an immunity from phthisis. On the other hand the cold and dry steppes are now much employed in combination with the use of koumiss. Patients are sent in forty hours by rail from St. Petersburg to Nijni-Novgorod, and from that place to Samara in the steppes, in twenty hours by steamer. There they stay from May 1 to October 1.

What greater contrast can there be than that between the steppes of Russia, the south of France, and the climate of Madeira? Yet all are sought for the same object. Granting that many of these places enjoy a considerable degree of immunityfrom phthisis, why does this immunity not extend to visitors? The answer is, because phthisis is not a product simply of climate. It is also a social disease. If there can be any fact certain, it is this, that the more people become crowded together the more industries are developed, the more does phthisis show itself. Crowding in small rooms at home, too early labor, the inhaling of foul or of deleterious particles in manufactories, a too sedentary life, are frequent causes of phthisis. The great centres of industry are the places which yield the highest mortality from it, as London, Manchester, Liverpool, Paris, Glasgow, New York, Philadelphia, New Orleans, Berlin, Munich, and Vienna. England has been called the home of industry and of phthisis.

We need not inquire here into the accidental and constitutional cause of phthisis; but we may say that, as climate is not the sole cause of phthisis, so climate alone will not produce immunity from it. Phthisis is produced in a great variety of climates, and, consequently, it is not to be always avoided by the mere selection of a climate.