

to be regretted, though full of promise when being restored to freedom, and philosophical even on the misfortunes attendant on excessive drinking, quickly lapses into their former habits. This class of patients, so difficult to be dealt with, and belonging mainly to the better grades in life, exists as it were on a neutral ground between sanity and insanity, holding a somewhat parallel position to that of convicts or individuals of a low standing in the community, who, regardless of punishment, becoming reckless or uncontrollable in prison, are transferred to our Criminal Asylum as lunatics."

DEBATE ON ANTISEPTIC SURGERY.

In a debate at the Glasgow Medico-Chirurgical Society (reported in the Glasgow Medical Journal) on a paper by Dr. Patterson on this subject, Dr. Macleod, surgeon to the Infirmary, said that, with regard to the antiseptic system of treatment of wounds, he was quite at one with Dr. Patterson as to the eminent value of that method. It had, however, one drawback; it made greater demands on time than any other system, and this, especially in a hospital, is a matter of some importance. In regard to compound fractures, it was rare indeed that the treatment did not succeed; and he well remembered the time when a successful result in compound fractures was something exceptional and remarkable. He had seen the most unpromising cases doing well under antiseptic treatment. For example, he had at present a patient, about to be dismissed, who had a compound fracture of the thigh, and the condyles split into the knee-joint. He was treated antiseptically—there was no constitutional disturbance; and, but for his own act in injuring himself, and setting up erysipelas, there would have been no check towards recovery. In another, a train had gone over a patient's leg, smashing both the tibia and the fibula into little bits, and tearing off the soft parts. This case also recovered under antiseptic treatment, though it was fifteen months before he was well. To the antiseptic system of treatment he, therefore, gave his emphatic adhesion, subject only to the qualification which he had mentioned.

Dr. Morton had, some few years ago, made a comparative trial of several modes of surgical treatment, including the so-called antiseptic system. He had tried irrigation, carbolic acid putty, putty without carbolic acid, carbolic acid with oil, oil without carbolic acid, and a number of other medicaments. The result of this comparative trial—the only one, by the way, which he had yet heard of having been made—was to point, not to carbolic acid, but to oil, as being the most successful surgical application. He was quite ready to admit that this result might be accidental, but at all events he had quite satisfied himself that carbolic acid was in no way a panacea in the treatment of surgical cases, and that, as an application, it was not superior, and probably not equal, to some others. There is a peculiarity about the antiseptic system which might lead to its foundations being sapped from the scientific side. Its advocates, and notably Mr. Lister himself, strongly insisted on the acceptance, not only of the practice, but also of the theory on which the practice was based. It was only by receiving the principle, they were told, that they could fully carry out the practice. Now, belief in the theory might no doubt lead to greater care, and therefore greater success in the practice; but their resolution to stand by the principle—i. e., the germ theory—rendered the antiseptic treatment liable to assault, not only from the practical, but, as already stated, from the scientific side. He did not think that the objection of Dr. Macleod, in regard to the time this system required, had any validity. To sacrifice lives because it would take extra time to save them, would be quite inexcusable. It should never be forgotten, in estimating the value of any system of treatment—and he would prove this fact in the younger members present—that, as a rule, the cases to which the surgeon paid most attention were the most successful. In a correspondence he had with Mr. Holmes, that surgeon had mentioned to him that, since he had adopted the plan of attending to the important cases himself, his success had been much greater. This was not intended at all as a reflection on

the dresser; the principle had a much wider application in the business of life, as every successful man could testify. As a surgeon in the Royal Infirmary who did not adopt the antiseptic system, he might mention the results of his own treatment of cases of compound fractures for the last two years. In the former of these years all the compound fracture cases got well, and in the latter year, they all succeeded but one. This exceptional case did not die of pyæmia in the ordinary sense, but of a condition which they saw much more frequently some twenty-five years ago, viz., phlebitis, inflammation of the veins, with pus in the joints.

MEDICAL CRITICISM.

The rise in prices has very manifold bearings on the question of medical charities. Thus, Mr. W. D. Stevens, at the quarterly court of the Governors of the Newcastle-on-Tyne Infirmary, mentioned that patients recommended by subscribers of two guineas, on a scale fixed twenty years ago, now cost the infirmary four guineas.

Only one gentleman passed the examination in the Science and Practice of Medicine at the examination held on the 10th of July, 1873. Students about to take qualifications, (says the *Lancet*) must at present be somewhat at a loss to know what to do, and even the Apothecaries' Company itself must be "perplexed with thoughts of change."

The London Daily Telegraph of July 16 contained a graphic picture of the success of the non-restraint system as pursued in Hanwell Asylum. The article will do much to restore the confidence of the public in the management of such institutions, shaken as that confidence has been by certain revelations of asylum life, which are, however, exceptional.

A recent writer says—Whatever may be the future development of pathological science—and it will, no doubt, be marvellous—it is not likely that there will ever be a period of that development more full of interest and excitement to speculative minds than the present. It is evident that we are on the verge of discoveries, not only intrinsically more important than any which have been made in recent years, but different in kind from anything which has gone before them. We are about to determine questions which not only deeply concern pathology itself, but tend to connect it by new and strong ties with philosophical biology, and to throw a brilliant light on both departments of inquiry.

The report of the evidence in the Tichborne trial in the daily papers is interesting as showing the wonderful way in which medical terms are misunderstood and misapplied by the general public, and how careful medical witnesses ought to be in the use of technicalities, unless they choose to run the risk of appearing to talk nonsense. For example, Mr. Holt is made to say that the defendant had not upon him any marks of *vissection*! We trust not, although it is almost a wonder that the Attorney-General's cross-examination last year (which was a sort of moral *vissection*) left no marks behind. What Mr. Holt really said was, we suppose, "*venesection*," the technical expression for bleeding from the vein. We think it was at the former trial that one of the medical witnesses had occasion to speak of the *commissure* of the eyelids, a term which the ingenious reporter twisted into *commissure*. We remember one other instance, still more absurd, of a witness giving evidence before a coroner that the deceased had suffered from *traumatic delirium*. We can judge of his delight when he read next morning in the paper that "Mr. So-and-so, the surgeon in attendance, gave evidence that the deceased, after his injury, had suffered from *aromatic delirium*."

PROSPECTUS.

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If the interest of a correspondence can be maintained and its freshness preserved by a weekly publication, it must be yet more valuable to have weekly notices instead of monthly ones of the advances which are continuously being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patient reap the benefit. In this manner, the value of a weekly over a monthly or semi-annual medical journal may sometimes prove incalculable. Medical papers and clinical lectures, in abstract form or in extenso, will regularly appear and constitute a considerable portion of the new journal. In this way it is intended to furnish the cream of medical literature in all departments, so that a subscriber may depend upon its pages as including almost every notice of practical value contained in other journals.

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