

Carbolic Acid.—Before passing to special subjects I have merely to observe that carbolic acid has now fairly taken its place in surgery. It is needless, therefore, to criticise its claim. It has been enthusiastically adopted by some, and as sternly rejected by others; but a little less enthusiasm on the one side, and of obstinacy on the other, and carbolic acid settles down into its appropriate niche of usefulness—not, in killing germs, hatched by enthusiasts for the nonce that they *might* be killed, but in diminishing suppuration and in opposing septicæmia.

Passing to the domain of Special Surgery I shall have time but to allude to the vast strides made in Ophthalmology. Entropion and Ectropion, (those troublesome diseases which hitherto resisted all efforts at permanent alleviation) are now managed by Schnell and others differently, and with lasting success. Obstructions of the duct are treated by a new method which preserves the patency of the natural channel. The classic operation of Weber no longer holds empire and sway—but has given place to Von Graeffe's and Liebreich's.

The ear, which some aurists taught us to respect so far as to advise us not to permit the introduction to the tympanum of an instrument smaller or sharper than the elbow, and that, the elbow of the owner of the ear, now tolerates, not only punctures of the membrane of the tympanum, but tenotomy of its tensor near the malleus—or of myotomy in its course—an operation which, early and judiciously performed, will often relieve suffering, and preserve the integrity of the whole organ.

Paracentesis of the membrane of the tympanum, and the use of the air douche in purulent inflammation, or catarrhal or hæmorrhagic effusions, may not always preserve hearing, but may and does sometimes preserve life, when disease is spreading to more vital parts. Those who dread to approach the ear in that way, may learn to pass a small catheter through the entire length of the Eustachian tube from the pharynx to the anterior wall of the tympanum.

A practical suggestion *en passant*. Might not the deafness which has so frequently occurred in some parts of Canada in the course of the epidemic of cerebro-spinal meningitis, be sometimes prevented by timely paracentesis? Unheard of liberties are now taken with the nose. In addition to Thudicums' method of treating that opprobrium medicæ, ozœna—which is being transferred from the domain of medicine to that of surgery—the mucous membrane of the gingivolabial furrow is divided with the frænum, the cartilaginous

septum to nasal spine, and the nasal cartilages too, if necessary, the nose turned up, and the necrosed bone, giving rise to the odour, removed, and the parts brought into apposition. Primary union without deformity takes place, and the cure is complete!

So long as we keep to the outer man we are safe; but should groping for disease carry us within the patient's mouth, we are in the domain of the oral surgeon, I save the mark! The oculist and aurist, with great advantage to science and humanity, take charge of the organs of the special senses of sight and hearing, and the field for either is sufficient to satisfy the desire of intelligent ambition. The dentist, now styled doctor of dental surgery, looked after our teeth, and well satisfied are we when his operations are confined to their inspection. But now the buccal cavity is claimed as the fishing-pond of the oral surgeon. Pardon me—the Doctor of Oral Surgery—D.O.S.! Happy thought! and happier title!! Oral surgery carries the science from the top of the mouth above, past, and including, all the teeth, incisors, canines, bicuspid and molars; past the uvula, past the fauces and anterior palatine arch; past the right, eye, and the left tonsil; past the posterior palatine arch to the epiglottis, catching up in its way the apertures of the various salivary ducts, and there leaves it. But it cannot, in this age of unrest, stop there. There is room, and capitals to furnish titles to, the laryngeal, the tracheal, the clavicular, the sternal, the costal, the inter costal, the axillary surgeon, the humeral, the parietal, the genital, the inguinal, the femoral, the popliteal, the pedal, the phalangeal surgeon; but, here again, we encroach on the *terrain* of the comfort-giving corn doctor, the Chiropedist, to whom I should suggest the appropriation of the title of D. C. S., Doctor of Chiropedal Surgery! And why not? A toe is as good as a tooth, and there are fewer of them.*

Resigning the teeth to that excellent body of men—the dentists—and retaining the rest of the oral apparatus as the domain of the educated surgeon, by one of whom the most brilliant achievements of modern surgery has been effected in this department—Langenbeck's urano plastic operation—peeling off the periosteum and fibro-mucous membrane from its

*It must not be supposed I aim a shaft at those who, with proficient knowledge in almost every department of our art, exhibit, by accident or otherwise, a predilection for certain departments of it. The educated surgeon is at liberty to select (and it is an advantage to the profession generally he should select) when and where he pleases. But a knowledge of the *whole* is an essential preparative to the successful study of a *part*.