

time that I was house-surgeon at University College Hospital no one thought of bringing together a wound until this had taken place. He used the "water-dressing" partly as a means to this end, and partly as the cleanest and lightest covering at that time available for the protection of the cut edges.

But the introduction of anæsthetics led to a change in this method of treating operation wounds. From a natural and humane desire to spare suffering to their patients, surgeons, instead of waiting for the "glazing" of the wound, put it up permanently on the operation-table whilst the patient was still insensible to pain. The result of this practice was often most disastrous; for in those days methodical drainage of wounds was unknown, and surgeons had to trust to the apertures between the sutures and to the strings of the ligatures acting as conduits for the escape of blood-oozing or of that sanguineous ichor which is always freely yielded by a recently cut surface, and the retention of which in wounds we now know to be productive of the worst results.

It was not until some years later, when Chassaignac invented and pressed most forcibly upon the attention of surgeons that most invaluable instrument, the "drainage-tube,"—that instrument which is the basis of most modern methods of treating wounds,—that a real advance in this department of surgery was established, and that it became possible to put up immediately a large operation wound without the more imminent peril from retained blood or ichor.

By Liston's method the drainage-tube was not necessary (even had it been invented in his day), for the wound was not brought together till its surface was "glazed" and free from blood and ichor. In this lay the great merit of his treatment by water-dressing; to this its success was due, and I venture to think that in this it might often be imitated with advantage at the present day.

Wounds cannot be "cured," but they will heal readily enough if not tormented by injudicious surgery. Drainage alone is all that is needed to place most wounds in the most favorable condition for healing. And methods of the most opposite character appear to owe their success to the fact of drainage being the one essential element that is common to all. The "antiseptic" method, in which every "germ" is rigorously excluded by clouds of spray and multiplied layers of gauze, and the "open-air" method, in which a wound is left open to all that the atmosphere may chance to deposit upon its surface, differing as they most absolutely do in the theory on which each is founded, appear, in many operations at least, to be about equally successful in practice. This success would seem to be due rather to the one condition which is common to both—perfect drainage—than to those in which they are so dissimilar. For whe-

ther drainage be effected by a tube, or by the free escape of fluids without the use of an instrument, matters nothing, provided always that it be complete.

THE TREATMENT OF SPINAL CURVATURE BY CONTINUOUS EXTENSION—A MODIFICATION OF THE PLASTER-OF-PARIS JACKET.

[The following paper was read before the New York County Medical Society, Jan. 27th, 1879, by John A. Wyeth, M.D., and reported in the *Hospital Gazette*.]

Extension, fixation and rest are the cardinal principles in the treatment of lesions of the vertebral column. Add to these good hygiene and judicious medication and we have the sum of all the indications. Instrumentation can be successful, only as it meets these demands, and when we speak of the *wheel crutch*, the *Taylor brace*, and the *Plaster-of-Paris Jacket*, we witness in each of these a decided advance of our own progressive science. Each of these has its merits and demerits. Each has its champions and advocates among some of our most earnest workers and practical surgeons. It would be *well* for us, it would be *better* for humanity, if in the liberal spirit of true progress, we could, regardless of individuality, lay aside our prejudices, meet in the broad field of scientific discussion, courteously compare our notes, and profit by that wisdom which is found in a multitude of counsel. The plaster jacket was a great stride in the right direction. Its simplicity attracted universal attention, and it spread like wild-fire before the blasts of its enthusiastic advocates. Some of us thought that we had found the *ne plus ultra* in the management of Pott's disease; that sufferers had now nothing more to do but be suspended by the arms and neck, enveloped in Plaster-of-Paris and be cured. But let us ask pointedly, has it fulfilled these expectations? Does it meet fully all the indications in Pott's disease? I believe it comes nearer it than any other method yet made known to the public, but it has failed at times; it has its faults and these I shall try to point out, and hope to suggest the remedy.

In order to obtain the first great requisite, *extension*, by this method, the patient is suspended by the neck and arms, lifted well up from the floor, the lower portion of the body is the counter-extending force, the diseased surfaces are separated, and while in this position, the trunk is locked in the plaster jacket. If this *grip* of the jacket could be uniformly maintained, it would meet more fully than it does the indications. But any one experienced in its use will recognize this objection; it loses its firm hold in from 7 to 10 days after its application, and hence loses its property of holding at rest and separated, the diseased surfaces.