

iasm of neophytes. Had the profession fully understood their scientific teachings, and cast away the improper and too often injurious surgical appliances of a quarter a century ago, and adopted a line of treatment in harmony with scientific teachings, there would have been little chance for the aggressive assumptions of Prof. Lister.

But before closing, I must refer to an admission made by Prof. Lister himself. Mr. Gamgee speaking of a lecture delivered at Birmingham by Prof. Lister, says the title of that lecture was, *On the healing of wounds without antiseptic treatment*, and that he did not question the reported recoveries after wounds into joints and amputations under dry treatment and in frequent dressings, rest and pressure. But his reply was, "that the healthy living tissues have the power of preventing the development of bacteria in their vicinity." Mr. Gamgee without using strong words, then shows the absurdity of Listerism by remarking, "Since the great majority of wounds, whether inflicted by accident or by the surgeon's knife, are in healthy tissue, the development of bacteria need not be feared. Life resists putrefaction. Preserve and utilize the resources of life, and you will have the benefit of its powers in your surgical work. You will secure nutrition and repair, and under the circumstances mentioned, have very little need to urge war of extermination against atmospheric dust." Mr. Gamgu, wishing not to be too severe on his former fellow pupil, says that in wounds not healthy, and in diseased joints, and chronic abscess, not improbably Lister's treatment may be beneficial; but he adds, "for the great mass of surgical cases, for the treatment of wounds in every day life, and in the work shop, at the pit's mouth, and on the battle field, the requisite knowledge is old and sound. Much of that knowledge has never been sufficiently appreciated, no small part of it has been forgotten." "Theories and systems are what you have to avoid. Facts and their strict interpretation are what we have to search after." The *London Lancet* in reviewing Mr. Gamgee's lecture makes the following appropriate and significant remarks. "In these days of elaborate and complicated specialization in operating and in dressing wounds, it is positively refreshing to be assured by an experienced practical surgeon, that dry and infrequent dressings, accurate adaptation of the lips and surfaces of the

wound, gentle compression, efficient drainage, complete rest, accurate support, ordinary cleanliness, and proper care and attention have not lost all their virtue in the treatment of wounds."

It will be observed that Mr. Gamgee advocates very strongly the dry-dressing for wounds; but while in many cases it is preferable because of the continuous rest which it insures of the part, there are some cases in which water-dressing should take the place of dry-dressing. When some of the tissue has been crushed to death, and must be sequestered and cast out, it is of the first importance that the wound should be from time to time washed out. Constant application of water will secure cleanliness; and if this can be done without destroying the part and causing pain, the healing will proceed as rapidly as can possibly take place. The extent to which bruised tissue can be restored to health when not disturbed by frequent dressing is sometimes marvellous. When, however, the tissue is dying in considerable mass, it becomes necessary to keep the wound open to prevent absorption, and permit cleaning.

Prof. Erichsen wisely remarks in a recent communication:

"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 favourable 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 vigorously 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 whether 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."

NOTE.—When this paper was prepared, an account of the meeting of the British Medical Association at Cork, had not reached this country; or I should not have felt called upon to speak on behalf of