

people the blood of 10,000 human beings lies at our door.

In conclusion, I would direct the attention of the younger members of the profession to the splendid field which is now open to some one of them. I know of no other in which a man may attain a similar prominence. The subject of preventive medicine, inasmuch as it strikes at the very roots of disease, must in the future be associated (in this Dominion at least) with any man who brings to a successful issue the principles involved in it. To a general culture he must add large professional attainments, and then be content with a life of hard work, little remuneration and much obloquy. But if he has the strong will to sacrifice self and present prospects he may attain to prominence among his fellows. Most certainly will his memory be associated with his work after generations have passed away, and he will be remembered by his country when there will be none so interested as to brush the dust from the inscriptions which record the birth and death of the most prominent among us.

THE AFTER-TREATMENT OF OPERATIONS, AS REGARDS THE APPLICATION OF CARBOLIC ACID TO THE WOUND.

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I believe it is generally conceded that when any new *modus operandi* is floated in the medical world, members of the profession are permitted to relate their experience of and views concerning it in the journals that are set apart for the use of the profession. Being a private practitioner, I have not the field to investigate in that is afforded in a hospital, still, having seen and practised surgery more or less for seventeen years, I would like to offer my quota (such as it is) on the use of carbolized applications to surgical wounds.

Before starting out on this paper, I would like to premise (especially for the younger readers), that when a new treatment has been supposed (or even shown) to be generally successful—the idea is no other treatment can possibly succeed in the same class of cases—such is the opinion of a large number of medical men; and this has never been so much exemplified (in all medical history) as in this present instance of the use of carbolized acid.

That thousands of wounds have done well, and healed quickly without the use of carbolized

applications nobody will deny; this has been attested down through all the ages, as any person can see for himself if he consult the celebrated authors of those times. In our own time, and in all countries, surgical practitioners can recall many (dozens) of their own cases that have healed quickly and done well (no pyæmia, or other complications occurring) *without* the use of carbolized acid.

The “points” of carbolized acid, according to those who favor its use, are (I) that one can almost surely count upon terribly bad wounds getting rapidly well, in almost the same time as simple wounds under ordinary and previous treatments; (II) that wounds and compound fractures which might frighten a surgeon, in regard to prognosis, are simplified and rendered easy of treatment by the above-mentioned agency. As a deduction from this latter, or rendered in a sub-paragraph, (III) that there is little or no danger of pyo-hæmia being apprehended then. (IV) That then there would be no danger of other patients’ wounds in the same ward being infected. (V) That this is a short, easy and royal road to preventing and putting a stop to erysipelas, erythema, and other cognate blood diseases; and that lastly (VI) the time of healing surgical wounds is thereby materially, if not vastly, shortened.

I think I have placed these “reasons” in the order of their importance to the surgeon and the patient. Let us now dispassionately view the field, and see how many of our forces (our six regiments I may say) we can count upon.

(I)

This first section treats of a very wide field, almost appalling in its vastness—and what young fledged beginners shall say, that *he* knows, not, as much, but more, than the celebrated men who have gone before, and who are even his contemporaries?

Instead of wearying the reader’s patience with writing pages on this section, I will proceed to the

(II)

The ideas and facts comprised in this section, also comprise a large intellectual field; here, I am sorry to say, I shall be obliged to dwell a little.

Take, first of all, the compound fractures, which fifty years since would have been adjudicated upon as proper subjects of amputation [let me admit, please, in the premises, that carbolized appliances answer as well as anything hitherto has, or, perhaps, even better]; supposing there were no