

his finger nails, in every drop of water; and to add to the safety of the patient the operator must pass through a purgatory of corrosive sublimate, carbolic acid, or some other germicide, before operating. Pure air, pure water, a generous diet, (when it could be obtained,) plenty of soap, whisky, quinine, morphine, iodine, tincture of iron, nitric acid, and corrosive sublimate, were the principal agents that were employed in most cases that came under the care of the surgeons in the Army of the Confederate States, and taking everything into consideration, the percentage of recoveries under the simple treatment of "linen lint and cold water dressing" was as great as any other in pre-Listerian times.

My experience with antiseptics since the war in the States compels me to admit that "Listerism," as it is termed, has been the means of saving more lives, perhaps, than any other treatment in modern surgery. Notwithstanding this I claim that we have not yet arrived at the "survival of the fittest" agent for the destruction of Bacteria.

Like all other arts and discoveries of modern times, each decade brings us some new remedy to counteract the deadly poisons that "human flesh is heir to." We find that the general introduction of fire-arms in the 16th century gave rise to the "theory" that gunshot wounds were "poisoned wounds," poisoned by the powder which was supposed to enter the track of the ball. This poison had to be destroyed, and boiling oil was the chosen method. Giovanni Vigo, an Italian surgeon, in his work on gunshot wounds, (in 1515,) was the expounder of this theory. This was the treatment which, (in 1536,) Ambrose Paré, as an army surgeon, followed; though shocked by the pain it inflicted, he did not dare to try a different method. Fortunately for suffering humanity, after a great battle, he had so many wounded that his oil gave out, he then made a salve of grease and turpentine, and with it dressed the balance of the wounds. He expected next morning to find these patients all dead, but to his astonishment they were infinitely better off than those who had been tortured with the burning oil. This great reformer in surgery gave a deadly blow to the "boiling oil and poison theory" in his Paris edition, (1545,) "On the Treatment of Gunshot Wounds."

Medicine, we might say, like History, often repeats itself, for we find the same remedy, (turpentine,) used over three hundred years ago by Paré, being used for the wounded extensively in the late civil war between the States.

Lister, like Paré, was not the discoverer of any special "Germicide," but to use the phrase of one of his many admirers, "Listerism" is but a thoughtful application of strictly scientific principles to the ends of surgery.

Without entering into a lengthy discussion on "Listerism" I will remark that Pasteur, Tyndall, and others fully demonstrated that "organic matter placed in filtered or purified atmospheric air is kept free from all putrefactive changes," hence it would seem after all, that "Listerism" is only the application of those principles of antisepticity, demonstrated by scientists at various intervals from 1836 up to the present date.

Parenthetically I will remark that in the operation of ovariectomy, the power of antiseptics and germicides has been more faithfully tested than in any other operation within the realms of surgical science, and the results are that some of the most eminent ovariectomists of the present day now use irrigation with pure water in preference to solutions of carbolic acid, bichloride of mercury, etc. In fact the success of the father of ovariectomy. (Dr. McDowell of Kentucky, in 1809,) was almost as good without germicides or antiseptics, (if we except pure air and pure water,) as

some of the operators of the present day, with all of the appliances for destroying bacteria. In this connection I would call the attention of my medical and surgical brethren to a preparation called "Listerine," a vegetable compound, manufactured by the "Lambert Pharmacal Company," of St. Louis, Missouri. It has passed a good clinical test by American surgeons in different parts of the United States, as a dressing in surgical and gynaecological cases of every description. It is antiseptic, prophylactic deodorant, non-toxic, non-irritant, and non-escharotic, and as such strongly recommends itself to the medical profession wherever it has been introduced.

A great variety of antiseptics has been used since the day of Listerism. Turpentine, corrosive sublimate, carbolic acid, and iodoform have stood the test, I believe, better than all others. Iodoform has proved more successful in my hands as a surgical dressing in surgical cases than any other. According to Rhigini iodoform contains 96.47 per cent. of iodine, and is soluble in 200 parts of glycerin, in 25 parts chloroform, in 10 parts of spirits of turpentine, and in 6 parts of ether. The turpentine solution, (10 per cent.,) is the most destructive of any of the compounds of iodoform to bacterial life.

Like all other important remedies it has been applauded by some and denounced by others. In 1880, Mosetig, of Vienna, substituted iodoform for the "Listerian dressing." It then found its way into Bilroth's clinic, and from thence as a germicide was successful over most of the European countries.

In 1882, from the indiscriminate and careless use of iodoform, resulting in a number of deaths, and in a number of cases of "iodoform intoxication," it rapidly lost its great reputation as a surgical dressing; but Mosetig, one of its original advocates, persistently held on to it. The English surgeons in the Egyptian war also continued its use, and from that time until the present day it has steadily gained favor amongst the medical men of Europe and America. It must be remembered that it is not entirely free from danger, but if used as directed by Mosetig and other surgeons of note it is, (at least to the country practitioner,) the cheapest, safest, most efficient and beneficial of all the antiseptics that I have used up to the present date.

INFLUENZA.

INFLUENZA is no doubt rightly classed as "an acute contagious and epidemic febrile disease." Parkes finds evidences of epidemics in the ninth century. One of the first great epidemics of which much is known occurred in 1580 and over-ran all Europe.

In 1830 and '31 a severe epidemic swept over all the civilized countries of the globe. There has been no regularity in the recurrences of epidemics, which are mysteriously capricious. "The epidemic of 1847 in one month skipped from Spain to Newfoundland, and from New Zealand, to Valparaiso, Syria, Africa, and even to Hong Kong." London suffered a somewhat localized epidemic in Oct., '88.

ETIOLOGY.

Influenza is held by many to be caused by "unascertained atmospheric conditions." Breiner, (in Virchow's Handbuch,) thinks it is a miasmatic disease, caused by a living miasm. That the specific poison or irritant should prove to be an organism would seem to be most in harmony with our present knowledge. Its origin has no apparent relation to defective drainage. The rapidity, (e. g. two to