

period has arrived when doubt and uncertainty pervade this most important department of surgery, and it has become a question as to whether there was not a greater saving of human life, when early amputation was the rule, than in the interval that has since passed over. It is also especially worthy of remark, that excision has rarely, if ever, been performed in private practice.

At the commencement of his magnificent address at Chester, Mr. Bowman, that great benefactor of his race, called surgery "the hands of God, the human hands." I may be permitted to add, hands never to be put forth to the execution of any operation, but when their possessor can say he would himself consent to its performance were he the patient. I believe that the rigid application of this golden rule in surgical ethics, would very much limit the future performance of operations for excisions, save only at the elbow-joint.

In the surgical charge of the North Union, the largest chronic hospital with one exception in this country, I have had, during the last twenty-five years, ample opportunity of judging of the effects of rest in the treatment of those affections, and the result of my experience has been most unfavourable.

A certain amount of success may be looked for in the treatment of the upper classes, where the purest air, the best nourishment, the most approved mechanical appliances, together with the means of easy locomotion can be commanded; but, with the lower classes, I have found that the treatment by rest has been a history of failure: disease spreading from bone to bone in the smaller articulations, and before the consolidation of a large joint could be completed, organic disease having, in general, invaded the liver, or some of the other internal organs.

This unsuccessfulness forced me some years ago into the discovery of this treatment by cauterization, which I propose. Having often remarked the healthy reparative action that followed the use of the potassa c. calce in sinuses in the groin, neck, and axilla, I began to introduce it into fistula leading down to diseased bone, at first with caution, then more boldly, and finally disregarding Sir B. Brodie's strong injunctions against letting potassa fusa enter a sinus, I proceeded to carry its action deeply down, converting the small contracted painful orifices into large funnel-shaped openings, and bringing the carious bone into view, and within reach of the further application of the caustic. In this manner, several cases of disease of the carpus and tarsus, and of the flat and superficial bones, were successfully treated, the caustic being re-applied at intervals of a few days, to keep the orifices freely open until the carious bone had disappeared, of was covered over with firm granulations.