

to be noted in the practice of those who repudiate Lister's teaching. All wounds and injuries are much more carefully treated than they were some years ago, and in Hospitals where the old and new treatments have been carried out side by side, the results have not been such as to place Listerism in that prominent position which its most zealous advocates would have it occupy.

Dr. Gamgee records (*Lancet*) a number of interesting cases exemplifying what he considers the essentials of wound treatment, viz., accurate coaptation, absolute rest, and as a rule, dry dressing, not frequently changed, and drainage adapted to circumstances. The adage that many roads lead to Rome, finds ample illustration in surgical practice. Pin your faith to no system; be a slave to no master. The scheme of Nature is broad and comprehensive; let us try to imitate her in methods and means. An interesting paper on the question of wound treatment, by Dr. McVail, was also read before the British Medical Association, in which he gave the statistics of the last ten years at the Kilnarnock Infirmary, with the dry dressing of wounds. The total death rate was 3.5 per cent., while Dr. Cameron's death rate in the Glasgow Infirmary, with Lister's treatment, was 5.1 per cent. A comparison was also made between the statistics of the two modes of treatment, which resulted unfavourably for antiseptic surgery in the hands of Mr. Lister himself.

In reference to "peritoneal surgery" it is now the general impression among surgeons that in the present state of our knowledge and experience, exploration of the abdomen should be reserved for the most intractable cases of acute intestinal obstruction, the mortality so far not being less than 50 per cent. As confidence is gained in our means of diagnosis and treatment many patients that are now lost by delay may be saved. In chronic obstruction from cancer, tumors, &c., the utility of surgical interference is sufficiently proved by the results, and laparotomy, enterotomy or colotomy, may be had recourse to in suitable cases with a warrantable prospect of success. Rapid lithotripsy with Bigelow's improved aspirator has been fully endorsed by Sir Henry Thompson, R. T. Weir, and others. In cases in which difficulty has been encountered in removing the last few fragments, it is recommended to leave them to a future sitting rather than greatly to prolong the operation with a

view to their immediate removal. This new procedure has to a considerable extent diminished the number of cases of lithotomy. Dr. Weir issues the injunction at the conclusion of his paper that only those who have had experience in lithotripsy or who have made themselves familiar, on the cadaver, with this instrumental manipulation, should undertake the operation. A case of extirpation of the larynx is reported by Dr. F. Lange (*Med. Record*.) This is the first case performed in America, and makes in all 19 recorded cases, with 13 deaths. Lange's operation was perfectly successful, the patient being able to articulate with the aid of an artificial apparatus, and swallow soft food. He was seventy-four years of age; the tumor grew from the upper edge of the thyroid cartilage and a previous thyrotomy had been performed, but without any benefit to the patient. A new mode of removing cysts is reported by Dr. Coosemans, known as Pozzi's method. It consists in evacuating the cyst of its fluid or semifluid contents with an aspirator, and then injecting the cavity with some substance which will speedily solidify. In this way a firm tumor is obtained which is readily enucleated. Dr. H. B. Sands reports (*Med. Record*) a case of rupture of the axillary artery during an attempted reduction of a dislocation of the shoulder-joint of seven or eight weeks standing. Very little force had been used; there was no violence, and the foot had not yet been placed in the axilla when the tumor was noticed. It attained the size of a child's head, and there was loss of pulsation in the radial, ulnar, and brachial arteries. Dr. M. Baker in the *Lancet*, strongly urges the removal of the tongue by the median division or splitting, as less difficult than the modes usually employed, and more applicable to otherwise unpromising cases. He passes two stout threads through the tongue about half an inch from the median line on each side, and one inch from the tip. The tongue is then drawn forward, and divided along the median line with a knife or pair of strong scissors. The ecraseur is now slipped over the diseased half, or two ecraseurs may be used simultaneously when the whole tongue is to be removed. As a preliminary step, he advises division by means of a pair of scissors of the frænum and muscles which tether the tongue in front and at the sides. Dr. Thudichum (*Lancet*) makes a strong appeal in behalf of the electro-cautery in the removal of polypi and other