

the condition of the uterus and its appendages, and especially of the ovaries; for though doubtless, in the absence of clinical records of the history of the patient with reference to her uterine functions, much of value will be lost, still from time to time facts of great importance will be ascertained, and valuable information gained.

Information is specially needed with respect to some forms of ovarian disease. Some patients suffer for years from pain and tenderness of the ovary, from mammary pain and nausea of a most distressing character. Such I have seen reduced to a condition of actual despair; for all treatment seems useless, so utterly inefficient does it prove. In these cases, the ovaries are in general plainly enlarged, but the exact pathological condition of them is in many cases unknown. Here is an affection most deserving of investigation, both as to its causation, pathology and treatment. I know of no form of disease which produces more real suffering, equally of mind and body. An American surgeon, Dr. Battey, of Georgia, convinced of the inadequate results produced by ordinary treatment, has recommended the extirpation of the ovaries in such cases, arguing that, from the results on animals, the operation would be safe as well as justifiable in the human female. I confess that to my mind his views contain much of truth, and that, were I satisfied that I did not endanger life, I would in some cases sanction the operation; and I think we may possibly yet see it practised even amongst ourselves, as I believe it has been in America. But such a practice would, after all, be a lamentable confession of the inadequacy of medicine to cope with what should be a curable disease. Let us hope that, as light is let in on these obscure questions, this reproach will be removed.

Gentlemen, I have I fear exceeded the limits of the time allotted to each paper, and it would ill become one who has to enforce a rule, to break it himself; but I cannot conclude without some allusion to what has been termed "the burning question" of the day. I have no intention here of discussing the advisability or otherwise of the admission of women into the profession of medicine; but I must refer to the course proposed to be adopted by the College of Surgeons of England, which on granting their midwifery diploma to persons but partially and most imperfectly educated; a step than which I cannot conceive one more retrograde, or so calculated to lower the profession in public estimation, or to inflict injury on the poorer classes among whom such persons would necessarily practise. I am happy to say that the example set by the College of Surgeons in England has not been imitated by any other licensing body, though more than one had the power of doing so; and to the credit of the

University of Dublin, be it said, that it has recently been decided to grant a special degree in midwifery to persons who have previously obtained one in medicine or in surgery, being thus the first British University which has recognised the position gained by obstetric medicine, an example which I trust will yet be imitated by the sister universities.

THE ANTISEPTIC METHOD OF DRESSING OPEN WOUNDS.

A Clinical Lecture By PROF. JOSEPH LISTER, of Edinburgh. Delivered at Charity Hospital, New York, October 10 1876.

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GENTLEMEN:—It is a most unexpected privilege that I enjoy of addressing a few words to you. Until just now, when I saw you all galloping with such speed from the steamer, I had no idea that I was to address so large a body of students.

You will, therefore, excuse me if the remarks which I may make should be extremely imperfect. If, however, as I understand my friend, Prof. Van Buren, you are already, through him, indoctrinated in the principles of antiseptic surgery, it is not, therefore, necessary for me to go much into details.

Well, then, as the patient is not quite ready, I will say a few words of introduction. The main principle of antiseptic surgery is to be illustrated in this case by opening a venereal abscess in the groin.

If we have a fracture, the skin being unbroken, everybody knows that such an injury is devoid of danger. We put on proper splints, keep the parts dressed, and there is no inflammation in the parts to speak of,—no constitutional disturbance and no trouble. But if it so happens that the skin is broken at the same time that the bone is broken, then we have an injury that used to be one of the most formidable in surgery. If we compare the two injuries we see that the circumstance of this skin being broken is not, *per se*, of any material consequence at all; it may be that the simple fracture is much the more severe injury of the two. The bone may be comminuted, the vessels extensively lacerated, and a large amount of blood diffused. Whereas, in a compound fracture, we may have the bone simply snapped across, but the skin broken.

Now we know from other circumstances that the lesion in the skin does not in itself particularly constitute the injury; it is not the injury to the skin, *per se*, but the fact of the skin being broken. We all know that if a compound fracture is treated or not treated in the course of three or four days we have an offensive discharge from the opening. I do not mean that a compound fracture not treated antiseptically will have such a result. It was known in the time of John Hunter that such a fracture, if covered over with cotton and air-tight dressings and left alone, will go on as quietly as if the skin were unbroken. But, suppose the skin is treated with poultices you are sure to have a suppuration in two or three days. The blood within, the extravasated